

**Washington Vaccine Association
Board of Directors' Meeting
June 28, 2018; 2:00 p.m. - 4:30 p.m. PDT**

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

Directors

John Sobeck, MD, MBA, Cigna - Chair (T)
Beth Harvey, MD, S. Sound Ped. Assoc.
Vice Chair
John Dunn, MD, Kaiser Permanente
Chad Murphy, PharmD, Premera
Edgar Marcuse, MD
Randy Parker, Carpenters Trust of Western WA
Laura McKenna, Regence (T)
Michele Roberts, MPH, MCHES,
Department of Health

KidsVax®

Fred Potter, Managing Member
Julia Zell, Executive Director
Peter Smith, Financial Analyst (T)
Norman Roberge, Accountant (T)
Claire Roberge, Controller (T)
Heather Veen, Sr. Executive Assistant (T)
Charlene Stryker, Executive Assistant (T)

Others

SheAnne Allen, MPH, MCHES,
Department of Health
Anne Redman, Esq., Perkins Coie

Absent

Catherine Falanga, Aetna
Derek LeBrun, MBA, Coordinated Care

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. Approved:
 - a. Special Purpose Meeting Minutes held on February 16, 2018.
 - b. Board Meeting Minutes held on April 5, 2018.
 - c. Vaccine Committee Meeting held on April 5, 2018.
 - d. Vaccine/Operating Committee Meeting Minutes held on May 3, 2018.
 - e. Audit Committee Meeting Minutes held on May 30, 2018.
2. With respect the TRICARE collection project:
 - a. Approve the TRICARE Settlement for the period of Oct. 1, 2017 through March 31, 2018.
 - b. Authorize the Chair or Vice-Chair to sign the Payment Acceptance Form on WVA's behalf.
 - c. Authorize one-time catch-up Payment to KV for amounts owed through June 2018.
3. Authorize Dr. John Sobeck or Dr. Beth Harvey to execute the United Healthcare settlement on behalf of WVA.
4. Accept the proposed 2018/2019 KV Performance Goals.
5. Adopt the WVA Communications Plan as presented by Executive Director.
6. Potential administrative / ED Contract restructuring:
7. (Board Only) Score KidsVax for the 2017/2018 operating year holdback award resulting in an authorized payment.
8. Authorize the Executive Committee to finalize the 2018/2019 WVA Operations Budget pending finalization of the KV and ED Services Contracts.
9. Approve the changes to the Audit Committee Charter as presented at the meeting.
10. Adopt the Capital Reserve and Investment Policy.
11. Approve WVA 2018/2019 Strategic Goals as presented by J. Zell.

B. Follow Up Tasks/Action Items

1. Ms. Zell to work on improving partner relationships and re-visit this topic, affording updates to the Board at its November meeting.
2. Ms. Zell to work on a 2018/2019 WVA Communications strategy, with the Board member's input, during the summer and come back with a further recommendation at the November meeting.
3. Chairman Sobeck to work with Mr. Potter to follow up on TRICARE project reimbursement requests to other KidsVax managed-states.
4. Ms. Zell to develop an alternative settlement report proposal for recommendation to the Board by November.
5. Ms. Zell to supplement WVA's Annual Report with an executive summary to distribute to WA government officials and stakeholders on an annual basis.

III. Minutes

1
2 Welcome and Introductions

3 At 2:00 p.m., a quorum having been established, Chairman Sobeck called the meeting to order. Introductions were made. Mr.
4 Fred Potter announced that the meeting was being recorded for the benefit of the minute-taker and that KidsVax (KV) anticipates
5 deleting the recording following the final approval of the minutes.
6

7 Consent Calendar Items

8 Chairman Sobeck asked if there were any objections to approving all of the minutes that had been distributed in the pre-meeting
9 packet. There being no questions or comments
10

11 Upon motions duly made and seconded, it was unanimously

12
13 **VOTED:** To approve the minutes of the Special Purpose Meeting of February 16, 2018 as presented.
14 **VOTED:** To approve the minutes of the Board Meeting of April 5, 2018 as presented.
15 **VOTED:** To approve the minutes of the Vaccine Committee Meeting of April 5, 2018 as presented.
16 **VOTED:** To approve the minutes of the Vaccine/Operations Meeting of May 3, 2018 as presented.
17 **VOTED:** To approve the minutes of the Audit Committee Meeting of May 30, 2018 as presented.
18

19 KidsVax Updates

20
21 Executive Director (ED) Report:

22 Ms. Zell gave a brief overview of her executive report which was included in the Board packet. Ms. Zell stated that WVA has over
23 \$33 million in the bank. Ms. Zell reflected on the last 3- ½ years and was happy to say that the WVA is in a great position as an
24 organization. Ms. Zell went on to inform the Board they will be asked to approve a United Healthcare arrearage settlement. This
25 work was part of the payer compliance project that started two years ago when Mr. Roberge discovered United Healthcare was
26 applying downwards adjusting all assessments by a 2013 grid. Due to time restraints, she highlighted salient point, and then
27 suggested that the Board consider other topics.
28

29 TRICARE Settlement:

30 Ms. Zell reported that WVA did get the statutory authorization fix drafted by KV into the U.S. Senate's version of NDAA FY19,
31 but no similar provision was included in the House version. She noted that the congressional effort is viewed as necessary to
32 guarantee that TRICARE pays at the correct grid level. Ms. Zell then further advised the Board concerning KV's anticipated follow
33 up steps. Ms. Roberts asked if TRICARE is now paying 100% of assessments? Ms. Zell confirmed they purport they are, but KV
34 is working on getting credentials to verify.
35

36 Mr. Potter informed the Board that as of April 1st the WVA has begun receiving assessments from TRICARE at 101.8 percent of
37 WVA's standard assessment grid rates to account for their failure to produce settlement reports. He went on to commend Ms. Zell
38 for her leadership in managing the TRICARE project.
39

40 Future TRICARE Settlement offer to WVA Ms. Zell reported that from the period of May 2010 through Dec. 22, 2010, TRICARE
41 owes the WVA approximately \$1.0 - \$2.1 million, exclusive of interest and penalties. Ms. Zell went on to report that KV has
42 developed a legal argument concerning TRICARE's position based on the statute of limitations. That argument was accepted by
43 DHA for New Hampshire. TRICARE has resisted payment for vaccine administered more than 6-years prior to December 23,
44 2016, (when the first statute resulting from this work was signed into law). The core of KV's argument is that vaccines
45 administered on December 23 and after were funded prior to that date, thus should be covered. Based on delays inherent in WVA's
46 assessment methodology, WVA has a reasonable argument that even under TRICARE's legal theory, it should pay 100% of WVA's
47 assessments from inception.
48

49 Mr. Potter stated KV chose New Hampshire as the first state to advance this argument because of the clarity of this issue for that
50 state. New Hampshire was the only other state with assessments over 6-years past due. Ms. Zell that explained that WVA dosage-
51 based assessments are for replenishment of vaccine administered. Ms. Zell went on to observe that since a precedent has been
52 established in the New Hampshire offer from TRICARE, WVA should be able to piggyback on that concession in principle. Ms.
53 Zell explained that the New Hampshire memo can be revised for WVA's unique dosage-based system.
54

55 Ms. Redman inquired as to how many months prior to the statutory cut-off date were recovered by New Hampshire? Mr. Potter
56 responded that NHVA went back for the quarterly funding before TRICARE'S asserted December 23, 2010 cutoff. Due to state
57 statutory issues, that was all that could be argued for New Hampshire. Mr. Potter advised that WVA has more gain potential in
58 this legal argument given its unique system. Ms. Zell then gave further background on this strategic approach and how it might
59 affect any suit to collect the remaining balance from TRIWEST. Chairman Sobeck commented he believes it is reasonable for the
60 Board to look at the total cost, including human capital, in evaluating the merits of any strategy. He concurred with Ms. Zell in
61 exploring the statute of limitations argument.
62

Chairman Sobeck asked if there were any objections to approving the second TRICARE settlement offer presented for all remaining amounts other than those affected by TRICARE's statute of limitations position from the period of October 1, 2017 through December 31, 2018. There being no further questions or comments:

Upon duly made and seconded, it was unanimously

VOTED: To approve the TRICARE Settlement for the period of October 1, 2017 through March 31, 2018 and to authorize the Chair or Vice Chair to sign the Payment Acceptance Form on WVA's behalf.

Mr. Potter and Ms. Zell requested the Board approve a catch-up payment for all KV services and expenses to date regarding the TRICARE project. Ms. Zell estimated that the total outstanding amount approximated \$70,000. Chairman Sobeck asked if there were any objections to approving KV's request for catch-up payments for work on the TRICARE project. There being no questions or comments:

Upon motion duly made and seconded, it was unanimously

VOTED: To authorize a one-time catch up payment to KV for all amounts owed by TRICARE through June 2018.

Mr. Potter suggested to the Board that as states such as Maine, Vermont, and Alaska receive cash or settlement proposals, it would be a good time to renew WVA's request for equitable contributions to the expenses which generated those TRICARE offers. Dr. Marcuse inquired how such amounts would be calculated. Mr. Potter responded stating the suggestion is to take the respective amounts TRICARE has offered or paid to each state and request project-expense sharing in the same proportion. He offered a draft sheet of allocations for review by directors in attendance through June 30, 2018.

Chairman Sobeck stated that he and Mr. Potter had discussed this matter earlier in the week. Taking the whole amount and dividing exactly to the dollar with exactly the percent that has been offered to each state might be taken as an unreasonable request as it would be voluntary contributions at best. Chairman Sobeck offered the thought that something smaller than the exact allocated cost might be received better. It was the sense of the Board that Chairman Sobeck should proceed as he thinks best. Dr. Sobeck will make requests from other SVPs receiving TRICARE offers as a result of WVA funded work.

Mr. Potter went on to inform the Board that NHVA had authorized a \$20,000 a month contribution to off-set WVA TRICARE expenses through December 30, 2018. The NHVA Chairwoman already has signed three of the checks, totaling \$60,000, for July 1, August 1 and September 1, which will be deposited into a WVA account.

Ms. Zell then provided an update and summary on the UnitedHealthcare arrearage settlement offer. She stated that United Healthcare had been denying all dosage-based assessments without NDC coding accumulating a total denied amount of about \$500,000 dollars. That matter was resolved administratively. Ms. Zell advised further of a second issue whereby United was repricing assessments to a 2013 grid, which is about 19% lower than then current grid. After negotiation United calculated the amount owed from the repricing. It is the recommendation of KV the Board accept the settlement offer of \$316,00.

Chairman Sobeck asked if there were any objections to approving the item listed above. There being no questions or comments:

Upon motion duly made and seconded, it was unanimously

VOTED: To authorize Dr. Sobeck, Chair or Dr. Harvey, Vice-Chair to execute and agree to the UnitedHealthcare settlement agreement.

KidsVax's Proposed 2018/19 Performance Goals:

Ms. Zell reviewed KV's proposed 2018/2019 goals. After briefly reviewing the core metrics she suggested KV develop an alternative settlement report proposal. Ms. Zell will have a plan of recommendation to the Board by November. Ms. Zell reviewed the settlement payment process and would like to promote greater payer fairness to ensure all payers are assessed equally. Ms. Zell suggested to the Board to consider the added 1.8% approach TRICARE has accepted. Ms. Zell continued to express she would like to Maintain Core Services Metrics by responsiveness. Ms. Zell put forward that all telephone inquiries be answered within 1-2 days and emails answered no longer than 5-business days. Ms. Zell added that monthly financials would be required to be completed within 15-business days, annual financials within 40-business days and quarterly financials within 25 business days. Ms. Zell proposed 100 percent of State funding be in place on or before the due date and annual regulatory reports received on or before the due date. Ms. Zell recommended developing a 3-5year WVA Strategic Plan; whereas a strategic planning meeting would be facilitated to compile and publish the WVA Strategic Goals. Additionally, she would like to Improve on WVA Communications by bringing the WVA 2010 Communications Plan up to date with the existing literature and administering a liaison to guide new members through the process for a better understanding on policies and procedures. Ms. Zell ended with her proposal of completing an assessment of Dosage-based Methodology by creating an analytical report and alternate collection of methodologies. Further discussion ensued after general discussion on the goals.

1 Board members expressed an interest in moving past the KV contractual holdback performance by rolling that amount back into
2 regular monthly payments. Then the board would move more toward the spot bonus approach it used to recognize KV's remarkably
3 successful outcome in the TRICARE work for WVA. Chairman Sobeck suggested that the discussion to restructure the whole
4 bonus program be revisited at the annual meeting.

5
6
7 Chairman Sobeck then asked if there were any objections to approving the proposed KV 2018/19 performance goals.

8
9 Upon motion duly made and seconded, it was unanimously

10
11 **VOTED:** To accept the proposed 2018/19 KV Performance Goals with the changes suggested at the meeting.
12
13

14 WVA Communications Plan

15 Ms. Zell reviewed the Communications Policy, stating that no new changes were recommended to the draft Communication Policy
16 that had been presented at the April 2018 meeting. Mr. Potter recommended the Board adopt this policy as is and make changes
17 in the future should the board want to consider further refinements. WVA would then gain these added protections immediately.
18 Discussion ensued regarding annual updates to appropriate stakeholders and the public so they remain aware of any WVA updates,
19 how it is working, and to keep communication open.
20

21 Chairman Sobeck asked if there were any objections to the WVA Communications Plan as presented. There being no questions or
22 comments,
23

24 Upon motion duly made and seconded, it was unanimously

25
26 **VOTED:** To adopt the WVA Communications Plan as presented.
27

28 Ms. Zell discussed with the Board future WVA communications strategies. Ms. Zell believes the policy adopted is a good policy
29 not only for herself, but also for the Board when representing other organizations and speaking with stakeholders. Ms. Zell would
30 like to work on this topic with any interested Board members during the summer and come back with a firm recommendation for
31 the November meeting.
32

33 **Adjourned to Executive Session**

34 These decisions were summarized after conclusion of the executive session in the open meeting.

35 The Board called KV back into the meeting. At that point, Acting Chair, Beth Harvey requested Mr. Potter to provide the form
36 for the KV evaluation. She then advised KV of the results of the evaluation scoring.
37
38

39 Upon motion duly made and seconded, it was unanimously
40 The Board called KV back into the meeting. At that point, Acting Chair, Beth Harvey requested Mr. Potter to provide the form
41 for the KV evaluation. She then advised KV of the results of the evaluation scoring.
42
43

44 **VOTED:** To score KV, with respect to WVA 2017/2018 holdback, as documented in the spreadsheet
45 delivered to Mr. Potter.
46

47 This resulted in a calculated amount of \$50,987.25 payable to KV.
48

49 In response to questions about any other items needing attention at this meeting, Mr. Potter and Ms. Zell recommended action on
50 two remaining votes.
51

52 Upon motion duly made and seconded, it was unanimously

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54 **VOTED:** To adopt the Capital Reserve and Investment Policy.

55 **VOTED:** To approve WVA 2018/2019 Strategic Goals as presented.
56

57 Closing

58
59 There being no further business, the meeting was adjourned at approximately 4:35 p.m. PDT.

What: Board of Directors Meeting
Date & Time: Thursday, June 28, 2018; 2:00-4:30 p.m.
Location: Alki Conference Room. 2025 1st Ave., PH-A, Seattle, WA 98121
Conference Line: (267) 930-4000; Conference ID: 103063718#

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

Agenda for Board of Directors Meeting

Approx. Time	Page	Topic/Anticipated Action (Votes are in Red)	Presented by:
2:00-2:05 p.m.		1. Welcome & Introductions a. Notification of Recording	J. Sobeck
2:05-2:10 p.m.		2. Consent Calendar Items (Votes to Approve Minutes)	J. Sobeck
	3 *	a. Board Meeting Minutes (February 16, 2018)	
	6 *	b. Board Meeting Minutes (April 5, 2018)	
	10 *	c. Vaccine Committee Meeting (April 5, 2018)	
	12 *	d. Vaccine/Operations Committee Meeting (May 3, 2018)	
	15 *	e. Audit Committee Meeting (May 30, 2018)	
2:10-2:30 p.m.		3. KidsVax Updates	J. Zell
	18 *	a. Executive Director (ED) Report	
	21 *	b. TRICARE Update & Settlement i. Approve the second TRICARE Settlement and to Authorize the Chair or Vice-chair to sign the acceptance form ii. Authorize KV TRICARE project catch-up payment for amounts through June 2018	
	27 *	c. KV / ED 2018/19 Performance Goal Setting i. Accept the Proposed 2018/19 Performance Goals	
	28 *	d. WVA Communications Plan i. Adopt WVA Communications Plan	
2:30-3:15 p.m.		4. Executive Session (all staff, KV, guests excluded; outside counsel included) [Item No. 4 <u>ONLY</u> For Executive Session]	J. Sobeck
	32 *	a. 2017/2018 KV Performance Goals Review	J. Zell
	*	b. Proposed Executive Director / KV Administrative Services Agreement	
		c. Board Only Discussion and Votes i. Finalize KV Evaluation ii. Set 17/18 Board-designated Performance Award to KV iii. Authorize the Executive Committee to Modify the KV Administrative Services Agreement iv. Authorize the Executive Committee to Approve a new Independent Contractor Agreement with J. Zell as the WVA ED v. Authorize the Executive Committee to obtain the advice of counsel concerning the two agreements referenced items in this section 4 vi. Authorize John Sobeck, Chair or Beth Harvey, Vice-Chair to execute on WVA's behalf the two agreements referenced in this section 4	
3:15-3:30 p.m.	37 *	5. Financial Report a. Financials – as of May 31, 2018	P. Smith
3:30-3:45 p.m.		6. DOH Updates a. 2018 FluMist b. Restitution Policy	M. Roberts/ S. Allen
3:45-4:00 p.m.	43 *	7. Audit Committee Update a. 2018-2019 WVA Operations Budget i. Authorize the Executive Committee to finalize the 2018-19 WVA Operations Budget	J. Sobeck
	44 *	b. Audit Committee Changes ii. Approve Changes to Audit Committee Charter	A. Redman
	47 *	c. Reserve Investment Policy i. Adopt Reserve and Investment Policy	

WVA June 28, 2018 Board Meeting Agenda

Section 8 below will be deferred to the next meeting. Materials are included to record the completion of the project and allow time for reflection/comment prior to the next meeting.

- | | | | |
|----------------|-----|---|-----------|
| 4:00-4:25 p.m. | 8. | Board Development | S. Allen |
| 50 * | a. | WVA/DOH Role Presentation | J. Zell |
| 63 * | b. | Per Capita v. Dosage-Base Comparison Report | |
| 67 * | c. | SWOT Analysis & WVA Strategic Goals | |
| | i. | Vote to Approve WVA Strategic Goals | |
| 4:25-4:30 p.m. | 9. | Closing | B. Harvey |
| | 10. | Reference Documents | |
| 69 * | a. | Contact List | |
| 79 * | b. | Governing Statute | |
| 87 * | c. | Schedule of Upcoming Meetings | |
| 88 * | d. | Proposed Form of Votes | |
| 92 * | e. | Directions to Ellis, Li & McKinstry | |

Washington Vaccine Association
Board of Director's Meeting
April 5, 2018; 2:00 p.m.- 4:00 p.m. PST

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

Directors

John Sobeck, MD, MBA, Vice-Chair, Cigna
John Dunn, MD, Kaiser Permanente
Cathy Falanga, Aetna (T)
Ed Marcuse, MD
Derek LeBrun, Coordinated Care (T)
Laura McKenna, Regence (T)
Randy Parker, Carpenters Trusts of Western
Washington (T)

Absent

Jason Farber, Esq., Davis Wright Tremaine
Beth Harvey, MD, South Sound Pediatric
Associates
Chad Murphy, Premera
Michele Roberts, MPH, MCHES,
Department of Health

KidsVax®

Fred Potter, Managing Member (T)
Julia Zell, Executive Director
Peter Smith, Financial Analyst (T)
Nicole Price, Executive Director (T)

Others

SheAnne Allen, MPH, MCHES,
Department of Health
Anne Redman, Esq., Perkins Coie
Keith Kemper, Esq., ELM
Scott Douglas, Crowell & Morning (T)

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the Litigation Task Force Meeting of March 19, 2018.
2. To authorize the Operations Committee to adopt the July 1, 2018 Assessment Grid.

B. Follow up Tasks/Action Items

1. It was the sense of the Board to refer the development of a Cash Reserve Policy and Investment Policy to the Audit Committee for further report and to bring their recommendations back to the Board at the next Board meeting.
2. Ms. Allen agreed to contact the CDC to request further information into the public/private vaccine borrowing policy.

III. Minutes

Welcome and Introductions

At 2:00 p.m., a quorum having been established, Chairman John Sobeck called the meeting to order. Introductions were made, and Ms. Julia Zell announced that the meeting was being recorded for the benefit of the minute-taker and would be deleted following the final approval of the minutes.

Consent Calendar Items

Chairman Sobeck asked if there were any objections to approving the minutes of the Litigation Task Force Meeting of March 19, 2018. There being no questions or comments, the following item was put to a vote:
Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the March 19, 2018 Litigation Task Force Meeting.

Financial Report

Peter Smith provided a financial update and reviewed cashflow projections and collections, offering an analysis of funding trends. He referred to the financials on pages 8-11 of the packet. Mr. Smith went on to report CDC had updated their contract prices as of the first of April, which is approximately a 5.2% overall increase year over year, but that there were a few outliers, so the average of most of the dosage increases are approximately 2.5%. Mr. Smith stated that increases in the CDC rate and the proposed 1% change in the grid will basically reduce that by half, so it would be about \$350,000 net increase per month.

Line of Credit Retirement

Ms. Zell reported that WVA has not utilized any of the \$5 million Line of Credit with KeyBank that was taken out last year when the WVA was rebuilding cash reserves. Now that WVA is in a better financial condition, the Audit Committee, following Peter Smith's recommendation, now suggests that the Board proceed with closing the Line of Credit. Chairman Sobeck noted that the name of the Audit Committee is being changed to the Finance Compliance Committee as soon as the Charter modifications are approved at the Board level to more appropriately reflect the tasks associated with the committee. Outside counsel, Anne Redman

1 agreed to review and ensure the changes fits within the Washington Vaccine Association's mission and will make sure that there
2 is no overlap or conflict with another committee's role.

3 Audit Update

5 Chairman Sobeck reported WVA will be renewing its relationship with the auditing firm of CliftonLarsonAllen (CLA). WVA will
6 has begun the annual audit, expected to be completed by August in time for a September Audit Committee meeting. There was a
7 very small and appropriate increase in the fees associated with the audit, but that KV assured the Committee that the fee increase
8 was within reason within the Washington market for such services.

10 Assessment Grid

11 Ms. Zell discussed the proposed July 1, 2018 Assessment Grid. The KV recommendation is the WVA implement a 1% decrease
12 in assessments on all vaccines, which amounts to \$300,000 less in assessment collections per month. Ms. Zell indicated the Audit
13 Committee and Department of Health discussed holding its reserves steady to see where it stands regarding its cash position, but
14 felt that with the capital reserves still growing, the WVA could afford to absorb CDC inflation and reduce the Grid without
15 compromising the fiscal goals. She went on to state that the anticipated end-of-year flu wastage would be higher than previous
16 years due to the potential addition of FluMist to the Grid. In an attempt to maintain a decent operational margin, it will be explained
17 to the Operations Committee, which meets May 3, 2018. Further discussion ensued regarding the assessment grid and the offering
18 of FluMist. Chairman Sobeck stated that until the WVA knows more about the situation and potential cash outlays, he agrees with
19 the KV recommendation to maintain general operating reserves at \$20 million, but should have a cushion of plus or minus \$5
20 million due to other potential exigencies like TRICARE litigation. Mr. Potter clarified that the WVA Board sets the policy and
21 directs that the grid will be reduced by an aggregate target of 1%, but defers to the Operations Committee for implementation of
22 the Board's 1% reduction target. Chairman Sobeck made a motion to authorize the Board to adopt the 2018 Assessment Grid with
23 the aggregate of 1% as Mr. Potter spelled out with the adjustments to each specific percentage (up or down) per vaccine to be
24 deferred to the Operations Committee.

25
26 Upon motion duly made and seconded, it was unanimously

27
28 **VOTED:** To adopt the 2018 Assessment Grid with the aggregate of 1% with the adjustments to each specific
29 percentage (up or down) per vaccine to be deferred to the Operations Committee.

31 Revised Reserve Investment Policy Update

32 Anne Redman reviewed the Reserve Investment Policy, stating it is a draft and not for adoption today. She stated it clarifies the
33 financial policy for investment of the reserves WVA maintains from time to time. The main purpose of these reserves is to supply
34 funds to take care of contingencies and things the WVA doesn't anticipate, but could potentially disrupt vaccine funding activities.
35 The WVA is not maintaining this fund for purposes of long term growth or inflation protection, rather it's a type of standby fund.
36 She noted that on-going conversations were being held with the Assistant Attorney General for the Department of Health regarding
37 the appropriateness of WVA maintaining reserves and no conclusion has been reached, but should be ready by the next Board
38 meeting. At this time, WVA is deferring adoption of this policy until the next Board meeting.

40 KidsVax® Updates

- 41 • ED Report: Ms. Zell gave a brief overview of the report, stating it is included in the Board packet and is a summary of
42 where WVA stands. Tricare news will be deferred for the Executive Session.
- 43 • WVA Communications Policy: Ms. Zell stated it is one of KidsVax® goals to have an additional communication from
44 the WVA beyond the WVA annual report. This additional piece is intended to be outward facing communication that
45 can be on any germane topic, and that she could welcome suggestions from the Vaccine Committee or individual Board
46 members with an interest. Ms. Zell went on to report that included in the Communications Policy are guidelines as to
47 how the WVA Board members and anyone acting on behalf of the WVA should communicate information. After
48 reviewing the document, Board discussion ensued. Dr. Ed Marcuse requested specific examples as to when such a policy
49 would go into effect. MS. Zell responses notes times when Board Members participated in group discussions but
50 represented a different organization. After more discussion, it was the sense of the Board that the policy be deferred until
51 the next meeting. Mr. Potter further clarified by stating that the Board can give instructions to the Executive Director to
52 conduct her affairs in accordance with this policy and bring any experience that develops along with the Policy to the
53 Board for action at its June meeting. Ms. Zell requested that anyone having questions or revisions to email her.
- 54 • Operations Update: Ms. Zell reported the Operations Committee meeting on May 3 will involve an overview of all payer
55 and provider compliance efforts. She noted that a new provider survey will be sent after July 1 to help KV determine
56 how well provider implementation of the new grid was accomplished. KV will then conduct claims analysis in an attempt
57 to cut down on leakage and making sure that WVA has the settlement process in place. WVA will continue with
58 communication and notices. Further discussion ensued regarding communication of the Tricare settlement and keeping
59 ahead of questions and/or publicity. Ms. Zell requested that the WVA wait to respond publicly, as the WVA is still in
60 negotiations with the DHA.
- 61 • WA-Reinsurance Update: Mr. Potter updated the Board, stating reinsurance is not proceeding at this time. The WA
62 Insurance Commissioner's office advises KV they would like WVA to administer this if they go forward with such a
63 plan. Mr. Potter went on to inform the Board that they will be notified right away should WA-Reinsurance go into this
64 legislative this cycle.

Department of Health/Vaccine Updates

Ms. Allen gave an update on the DOH in the absence of Ms. Roberts. She shared the most recent Washington Immunization report card, based off the national immunization survey and the BRFSS (Behavior Risk Factor Surveillance Survey). Ms. Allen reported DOH is working with the State Board of Health to consider updating Chapter 246-105. Ms. Allen informed the Board starting in July DOH will centralize all vaccine ordering and accountability, and having the DOH staff be the main contact for the providers. DOH will be moving to additional models for meeting compliance and accountability. This will be communicated to providers in April, with the goal to make the transition as painless as possible for providers, as well as maintain accountability.

Vaccine Committee Report: Dr. Marcuse gave a brief summary stating the flu vaccine plans were proceeding as intended, until it became clear that FluMist would, again, be available for the upcoming year's flu season. Dr. Marcuse went on to report that the major benefit for our universal purchase system is that our providers have one stock of vaccine, meaning that it is important that those providers that can afford to procure of the private market not be left with only that option. Thus, it was the strong sense of the Vaccine Committee that FluMist be part of the WVA flu offerings. Further discussion continued regarding the expense of FluMist at \$18.88 with other flu vaccines being approximately \$15.00, off the CDC contract. The Committee informed the Board they would like to find a way to make FluMist available this year, but has already ordered sufficient vaccine to take care of all the pediatric population with other flu products. The dilemma was discussed further with special attention to wastage, cost, and the public health interest. Ms. Allen indicated last year WVA purchased 690,000 doses, with our wastage at approximately 16%, or roughly 115,000 doses. WVA is still utilizing our flu vaccine for this year. There was an initial pre-book in February for 650,000 doses for the upcoming year, which is a cut of 40,000 doses to reduce wastage. The Board was informed there is an option for a second pre-book in September with delivery towards the end of September up to November through the CDC. We also have an option to purchase privately and possibly receive the vaccine earlier. Dr. Marcuse stated the Vaccine Committee discussed having the WVA purchase vaccine for the entire state, or purchase a portion during the initial months of the flu season when CDC FluMist would not be available. Dr. Marcuse stated the Vaccine Committee felt it was important to offer FluMist as soon as it is available on the market, but could increase wastage. For example, if it's a five-physician office and they have 100/200 kids a day who could use the vaccine and we could provide them with a total of say only 50 doses, it is not an option for many patients. By having 50 doses to all the providers in the state would cost us \$1.2 million using last year's manufacturer price. Ms. Zell noted that one of the reasons our wastage was higher last year was due to a private provider pre-booking a large lot of vaccine and at the last minute deciding to obtain all their flu vaccine from the private market. Ms. Zell voiced concern that WVA's wastage will be far higher because of the procurement of these provider groups. Last year it was reported to be 40,000 doses for one group. WVA tried to survey some of the bigger provider groups to see what the demand for flu would be. Ms. Zell indicated that at the last meeting there were 2 reps from GSK who said their company will allow 20-30% to be returned. It was determined by the Committee that more research needs to be done to see if WVA would want to procure FluMist this year, but they group acknowledged that the DOH made the final decision. Further discussion ensued regarding concerns of large provider groups bypassing purchasing vaccines through WVA. It was determined: 1) Dr. Marcuse recommended that a choice of a live attenuated activated vaccine or a killed vaccine be available for Washington state children for this season, irrespective of their insurer; 2) Dr. Marcuse recommended that the WVA work with the DOH to survey providers to assess what the demand would be for FluMist this year; 3) Dr. Marcuse recommended that WVA start with a target assumption that would make FluMist available in the same proportion to killed vaccine as existed as prior years, which is about 10%, and that the Board supply FluMist at the same levels as was done in prior years. The Board agreed and asked SheAnne to summary her future actions with respect to this topic. Ms. Allen stated there is a State Vaccine Advisory Committee meeting scheduled for April 19th and she hopes to have the provider survey draft shared with Dr. Dunn and the WVA Vaccine Committee. Ms. Allen stated she will contact the CDC to ensure they advise the DOH on the public-private borrowing policy. Ms. Allen will inform the Board she will research the last date the Committee can have the Board make this final decision. Ms. Zell felt that an additional item should be added to the 3-part motion:

Upon motion duly made by Chairman Sobeck and seconded, it was unanimously

VOTED: To authorize the Board to purchase up to the 10% of the total amount of last year's FluMist vaccines.

Executive Session:

Mr. Scott Douglas updated the Board on the appropriations bill which included language in the committee report that expressly directed Tricare to spend carryover funds from last fiscal year to pay for the arrears. Mr. Douglas stated the Defense Health Agency is instructed to prioritize payment of arrears to state vaccine programs. Mr. Douglas continued, stating that his government affairs team is working on the 2019 NDAA which is going to be working its way through Congress this spring and through the summer to have the limitations language modified so that TRICARE cannot use it to reduce vaccine assessment payments. Ms. Zell added that on top of that victory, KV negotiated with TRICARE to have them add a 1.8% to assessment payments going forward to make up for the fact that they will not be processing settlement reports. Ms. Zell went on to state the aggregate amount of WVA's assessments obtained through the settlement report process are approximately 1.8%. WVA is trying to improve their compliance on the provider side so there is never any vaccine assessment generated without a DBA, but the payer-generated reports help off-set provider non-compliance.

Ms. Zell informed the Board that she and Mr. Potter met with the Defense Health Agency (DHA) two days ago in Aurora, Colorado. Ms. Zell stated the Tricare manual includes a national drug code waiver so they are no longer going to deny WVA DBAs for lack of the drug code. Mr. Potter praised Ms. Zell for her hard work on this project. He informed the Board that he and Ms. Zell had a

1 very successful meeting in Aurora, Colorado at their claims benefit manager's office. They heard a greater sense of urgency than
2 before and asked for follow-up meeting with TRIARE on Monday. Mr. Potter went on to state it was a major win this week, and
3 commended Julia for her work.
4

5 Ms. Zell asked Keith Kemper for his recommendations with respect to future steps with TRICARE. Mr. Kemper noted he would
6 continue to work with Mr. Bucknell, Assistant Attorney General for WA. Ms. Zell stated KV expects to have a check from DHA
7 on the final settlement for the most recent period of arrears owed, September 2017-March 2018. Mr. Kemper stated ELM has
8 drafted a complaint for the early assessment amounts owed in 2010, and is continuing to engage with TriWest, which was a third-
9 party administrator for TriCare prior to April 1 of 2013. What TriWest had in terms of finances or the ability to do anything at this
10 point is a bit of an unknown but as Mr. Kemper reiterated in the prior meeting, the strategy will be to go directly after the third-
11 party administrator if WVA voted to commence litigation. Mr. Kemper went on to state there are a couple of procedural steps that
12 should take place prior to suit as the WVA statute requires resetting the stage because the formal assessment of civil penalties and
13 interest has never really been assessed. So, the procedure for that under the Washington code is to provide notice of what is owed,
14 and that within 90 days the DOH is supposed to assess civil penalties. Mr. Kemper stated he would continue to stay informed on
15 all the moving piece in KV negotiations with DHA.
16

17 Closing

18 There being no further business, the meeting was adjourned at 4:05 p.m. PST.



**Washington Vaccine Association
Vaccine Committee Meeting
April 5, 2018; 12:30-1:30 p.m. PST**

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

Members

Ed Marcuse, MD, Chairman
John Dunn, MD, Kaiser Permanente

Absent

Michele Roberts, MPH, MCHES, Department of Health

KidsVax®

Fred Potter, Managing Member (T)
Julia Walter, CEO, Northwest Region
Nicole Price, CEO, Northeast Region

Others

Sheanne Allen, MPH, MCHES, Department of Health
Breelyn Young, GlaxoSmithKline (T)
Rhett Marsden, GlaxoSmithKline (T)

II. Follow up Tasks/Action Items

1. Sheanne Allen will prepare a vaccine wastage data report for the Committee's review.
2. KidsVax® will schedule a subsequent meeting at the end of April/beginning of May.

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 Julia Zell announced that the meeting was being recorded for the benefit of the minute-taker and will be deleted following the final approval of the minutes.

In opening, Chairman Marcuse provided an overview of the agenda. He said today we would talk about the survey of providers for their vaccine preferences, some updates, and refer to KidsVax® (KV) for other updates, but would start with their biggest challenge, which is flu vaccines for the upcoming year. Chairman Marcuse then asked SheAnne Allen to proceed with the Department of Health (DOH) updates.

IV. Department of Health

Influenza 2017/2018

Ms. Allen began by reviewing the DOH's Decision Paper regarding FluMist, which she stated would be sent out to those who were attending the meeting via phone. Ms. Allen reviewed the three positions that the DOH take, as presented in the paper, and discussed the pros and cons of each. She responded to questions regarding the current process of purchasing vaccines, allocation of monies, funding sources, vaccine restrictions, wastage, as well as provider preferences. After much discussion, the Committee opted to look at the concept of purchasing FluMist vaccine privately and some vaccine off the CDC contract. It

1 was the general sense of the Committee that the amount should be based by what the DOH learns about the
2 chronological time that flu vaccine is administered to kids and the financial resources of WVA. Ms. Zell
3 recommended that a survey be conducted of providers to determine timing on vaccine usage and how much
4 to pre-order. After discussion, it was agreed that Ms. Zell and Ms. Allen will create a survey to send to
5 Washington providers to aid the DOH in its FluMist purchase options. Members of the Committee will be
6 given the chance to review the survey prior to distribution.

7 8 **LAIIV Pre-Book and Ordering**

9 Ms. Allen stated that the DOH has ordered 650,000 doses of flu, with about 97,000 doses still available,
10 and additional orders still being received. Work continues improving relationships with providers, reducing
11 wastage, and focusing on ways to get the doses out to providers quickly, including streamlining internal
12 processes.

13 14 **Development of WVA Restitution Policy**

15 Ms. Allen reviewed the status of this policy. She stated that one work-group meeting has been held, with
16 the next meeting scheduled for May. Currently, the DOH is conducting a review and looking at all returns
17 that are coming in from January forward and reaching out to providers to find out more information.
18 Approximately 50 providers have been contacted so far. This information will be extremely helpful for the
19 next meeting. DOH met with the WVA two weeks ago to brainstorm ways in which the dose for dose
20 reimbursement could take place so that providers do not have to establish their own contracts with
21 manufacturers to replace doses. The next step is to reach out to the CDC and see if some of the ideas
22 generated can be implemented.

23 24 **Mening B/ACWY Uptake**

25 Ms. Allen updated the Committee on recent Mening outbreaks. She shared data and asked for feedback
26 from the Committee. Dr. Marcuse stated the Committee would like to know what percentage of the Mening
27 B cases occurred at age 10 or above for each of the years studied and asked if an additional column could
28 be added showing that data. DOH reached out to six other universal states to see what their policy was on
29 Mening B. Five of the six offer Mening B on their order form, all of them follow the ACIP
30 recommendations. Ms. Allen noted that the majority of universal states monitor the orders closely and
31 follow up with practices that order large amounts. The Committee recommended that Mening B be added
32 to the State's order form. Ms. Allen agreed to follow up.

33 34 **V. KidsVax® Updates**

35 Due to the length of the meeting, there were no updates.

36 37 **Closing**

38 In closing, Chairman Marcuse asked if there were any other questions or comments.

39
40 There being no further business, the meeting was adjourned at 1:45 p.m. PST.



**Washington Vaccine Association
Combined Operations and Vaccine Committee Meeting
via Teleconference
May 3, 2018; 12:00-1:00 p.m. PST**

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

Members

Michele Roberts, MPH, MCHES, Department of Health
Cathy Falanga, Aetna
John Dunn, MD, Kaiser Permanente
Jeffrey Gombosky
Chad Murphy, Premera

Absent

Ed Marcuse, MD, Chairman
Rachel Wood, MD
Lisa Johnson, MD
Jeffrey Duchin, MD

KidsVax®

Julia Zell, Executive Director-WVA
Peter Smith, CPA
Norm Roberge, Outside Analyst
Heather Veen, Sr. Executive Assistant/Paralegal
Stephanie Mudgett, Independent Contractor

Others

SheAnne Allen, MPH, MCHES, Department of Health
Anne Redman, Perkins Coie
Tawnya Flyberg, Premera
Julie Liu, AstraZeneca
Stephanie Crook, United Healthcare
Brandon Jensen, United Healthcare
Laura McKenna, Regence
Jeri Trice, Zenith

II. Follow up Tasks/Action Items

1. SheAnne Allen will make final corrections to the 2018 Assessment Grid regarding all flu assessments.
2. Survey results from providers regarding FluMist will be reviewed, compiled, and distributed prior to approval of 2018 Assessment Grid.
3. Ms. Zell to communicate with AstraZeneca to confirm return policy and cost, and use Dr. Marcuse, Dr. Dunn, Ms. Allen, and Dr. Harvey as resources.

- 1 4. Ms. Zell to post and share provider and payer pages on WVA website, as well as final
2 assessment grid with changes.
3
4

5 **III. Minutes**

6 Welcome and Introductions

7 At 12:02 p.m., a quorum having been established via telephone for both the Operations and Vaccine
8 Committees, Ms. Zell called the meeting to order. Ms. Zell reviewed the purpose of the meeting, providing
9 an overview of the agenda.
10

11 2018 Assessment Grid

12 Ms. Zell reviewed the July 1, 2018 Assessment Grid explaining the Board's decision to absorb vaccine
13 inflation and lower the Grid. She stated this is the first year KidsVax® (KV) made a recommendation for
14 the modest 1% reduction in a number of years. The Grid pricing will be in effect on July 1, 2018 for payers
15 based on date of service of vaccine administration on or after July 1, 2018. The Grid change was approved
16 by the Washington Vaccine Board (WVA) on April 5, 2018. Ms. Zell asked Peter Smith to speak to the
17 WVA's current collections and operational reserve and provide support for the Grid change.
18

19 Mr. Smith gave a brief overview of the WVA's financial situation. He stated that there is currently \$32.8
20 million in the bank. WVA's overall financial objective was to create a reserve of three months of vaccine
21 replenishment costs plus the annual costs of flu pre-purchases. The anticipated reserve goal would be
22 between \$22-25 million exclusive of other, anticipated outlays. and we are just over that in cash reserves
23 right now. The investment policy is to invest conservatively about one-half and keep the rest for current
24 cash needs. Therefore, there is a 1% reduction in pricing.
25

26 Ms. Zell asked if there were any questions regarding the 2018 Assessment Grid. Cathy Falanga asked about
27 the discrepancy in pricing between the CDC contract price and the private market with respect to listed flu
28 vaccines. SheAnne Allen, DOH, agreed to check the pricing and make necessary adjustments. Once
29 corrected, the WVA agreed to will re-posted with a note of the changes and re-distribute the Grid via email
30 to Committee members for their review.
31

32 Another question was raised as to when the audit will be completed. Ms. Zell responded that the anticipated
33 date was August and that the financials would be posted after Board approval at the annual meeting in
34 November.
35

36 Ms. Zell noted that another potential change in the 2018 Assessment Grid is the offering of FluMist. The
37 pre-book deadline is May 30 for the upcoming flu season. However, this year the CDC would not have it
38 available for distribution until mid-flu season, meaning any doses obtained during August through perhaps
39 October would need to be purchases off the private market. Ms. Allen stated that the CDC is working with
40 AstraZeneca for delivery date, which presently is unknown. IN order to provide FluMist for the duration
41 fo the flu season for the entire pediatric population, the DOH would need to get utilized WVA funding for
42 initial doses to ensure they receive it in time for August through October. After that, the DOh could utilize
43 the CDC contract. Assuming the DOH proceed with the FluMist order, the vaccine code and assessment
44 amount will be added to the 2018 Assessment Grid.
45

46 Financial Update/Payer Compliance/NDC

47 Ms. Zell reported that KV continues to work on the payer compliance project in an attempt to decrease
48 assessment leakage and ensure that providers and payers are following proper procedures. KV has requested
49 providers to allow KV access to certain key data points on their dosage-based assessment submissions to
50 payers and have contrasted that information with what payers are submitting to the WVA. Norm Roberge

1 stated that some changes need to be made so that the information reported is accurate (i.e., EOBs, correct
2 grids, correct address, etc.). A provider survey is being sent out in July so that KV can measure compliance
3 with the July 1 Grid. Ms. Zell then requested feedback on whether National Drug Codes should be a
4 required field for properly completed assessments. The sense of the Committee was that having Washington
5 payers exempt the WVA from this requirement on medical claims would be preferable. No discussion or
6 questions were raised on any of these topics.

7 8 DOH Updates

- 9 • FluMist: Ms. Allen reviewed the attachments that were included in the packet regarding the
10 possible positions the DOH could take on FluMist. She began by reviewing this year's flu
11 offerings, including all brands. Ms. Allen noted, however, that there is no price for yet. It is
12 estimated at around \$23.80/dose. In an effort to get an idea on whether it should be offered this
13 year, and how many, if any, doses should be ordered, a survey is being sent to providers today with
14 a response deadline of Friday, May 11, 2018. She noted that AstraZeneca has assured us there is a
15 credit for returned/unused doses. Dr. John Dunn reported he had attended a recent National
16 Vaccine Committee meeting and is very interested in hearing the reaction to the survey regarding
17 FluMist. Mr. Dunn requested that WVA get the survey results back before making a decision on
18 FluMist. Julie Liu from AstraZeneca reported that the second week of September is the anticipated
19 ship date for FluMist. There is a 100% return policy for 10-dose packs, as well as single doses. A
20 question was raised regarding the returned vaccine as to whether this is a credit or refund. Ms. Liu
21 noted there would be a credit for unused doses, which would be valid until June 30, 2019. It was
22 noted that AstraZeneca has appointed a medical resource to answer any questions from the
23 Committee. Ms. Liu also noted that WVA's pre-book deadline for FluMist is May 30, 2018. Ms.
24 Zell stated she will email AstraZeneca's contact information to Dr. Marcuse, John Dunn, SheAnne
25 Allen, and Beth Harvey.
- 26 • Best Practices in Vaccine Storage, Handling & Accountability Work: Ms. Allen noted there is a
27 meeting today at 1:00 p.m. regarding this topic and a new policy should be produced by the end of
28 the year.. She invited anyone to join the group if there were interested in contributing.
- 29 • Meningococcal: Ms. Allen reported that Mening is not current on is not the vaccine form, but is
30 available by special request by providers. She stated that due to the strong sense of the WVA
31 Vaccine Committee it would be made available as a normal ordering. Following-up on requested
32 information, she reviewed some additional information on outbreaks and breakdowns regarding
33 how many patients were eligible for the vaccine. This data has been added to the slides. Ms. Allen
34 also stated that the state VAC is revising the current Clinical Guidance document from February
35 2016.

36 37 Other Matters

38 Anne Redman, legal counsel, reminded the Committee that a meeting remains to be scheduled with the
39 DOH and their counsel, Jack Bucknell to discuss FluMist internally. Ms. Zell recommended follow-up
40 correspondence to the Vaccine Committee to discuss the as a result of the provider survey.
41 Ms. Zell also stated the provider and payer pages, as well as final assessment grid with changes will be
42 posted and shared.

43 44 Closing

45 There being no further business, the meeting was adjourned at 12:50 p.m. PST.



Washington Vaccine Association: Audit Committee Meeting
May 30, 2018; 3:00-4:00 p.m. (PDT)
Teleconference

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

Members:

John Sobeck, M.D., Chairman – Market Medical Executive, Cigna
Jason Farber, Esq. – Davis Wright Tremaine, LLP
Derek LeBrun – Finance & Risk Adjustment, Coordinated Care

Department of Health (DOH):

Sheanne Allen, MPH, MCHES – DOH Vaccine Management Section Manager

Others:

Anne Redman, Esq. Perkins Coie

KidsVax®:

Julia Walter Zell – WVA, Executive Director
Heather Veen – Sr. Executive Assistant/Paralegal
Norman Roberge – Accountant
Peter Smith, CPA – Independent Financial Analyst

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

- i. To approve the minutes of the March 23, 2018 WVA Audit Committee meeting.
- ii. To adopt for the Board's approval the WVA Annual Operations Budget for FY2018/19 with the changes suggested at the meeting.
- iii. To approve the updates Audit/Finance Committee Charter.

B. Follow up Tasks / Action Items

- i. Julia Zell to enter in the proposed votes the updated Audit/Finance Compliance Committee Charter to be voted on by the Board at the June 28 meeting.

III. Meeting Minutes

At 3:00 p.m., a quorum having been established, Chairman John Sobeck called the meeting to order. Introductions were made and Julia Zell announced that the meeting was being recorded for the benefit of the minute-taker and would be deleted following the final approval of the minutes. After asking for edits and objections, Dr. Sobeck noted the Committee accepted the March 23, 2018 WVA Audit Committee meeting minutes.

1 Financial Update

2 **Financial Overview**

3
4 Peter Smith reported the financial collections are going well. He stated the WVA has \$32 million
5 in the bank currently. The new assessment grids will go into effect July 1, and he expects
6 everything to continue as planned. Mr. Smith stated the cash flow model is working very well.
7 Mr. Smith opened the floor for any questions regarding the financial report for April 30 enclosed
8 in the Audit Committee meeting packet. There was no further discussion regarding the report.
9 Mr. Smith went on to thank Dr. Sobeck for signing the request that the line of credit be closed.

10
11 Ms. Zell asked Mr. Smith to make a statement regarding the Flu-mist. He estimated that the total
12 cost would not exceed \$1.5 million to the WVA. Mr. Smith stated he has no concerns, and does
13 not anticipate any problems with that. Ms. Zell asked Ms. Allen for comments stating concern
14 that this was the day that WVA will need to prebook their vaccine dosages. Ms. Allen responded
15 that the prebook order will need to be done by May 31, and are still waiting for the Minnesota
16 contract to give DOH access numbers, but does not anticipate a delay. Ms. Allen went on to say
17 DOH will have more complete numbers for the upcoming Board meeting.

18
19 **Collections Report**

20
21 Norman Roberge reported that dosage-base compliance is as expected, but that he is trying to
22 obtain correct information from a few providers due to the errors in using their physical address
23 rather than the post office box on their claims. He went on to report the intent is to wait until July
24 1 to measure assessment grid compliance, and then focus on all the providers ensuring they use
25 the correct grid.

26
27 **Proposed Annual Operations Budget**

28
29 Mr. Roberge walked the Committee through the budget worksheet notice year over year changes.
30 He informed the Board of an administrative fee increase of 3 ½ percent over last year, and that
31 administrative services for TRICARE is winding down. He went on to report they are hoping to
32 resolve the legislative initiative. Mr. Roberge stated WVA was well within the budget for last
33 year, and anticipate the same for this year.

34
35 Mr. LeBrun inquired about the costs budgeted for TRICARE. Ms. Zell responded letting Mr.
36 LeBrun know the Board's direction during the April meeting in case of further litigation pursuing
37 2010 TRICARE unpaid assessments. She went on to inform the Committee that language was just
38 secured for this coming year in the Senate Armed Services Committee so that TRICARE cannot
39 place any limitations on the dosage base, which is what they were maintaining they had the right
40 to do in the past. Ms. Zell also noted for this coming fiscal year starting July 1 WVA will continue
41 to pay the retainer fee. If the WVA Board approves the settlement on June 28, there may be some
42 ancillary legal fees.

1
2 Ms. Zell noted that Perkins Coie's outside counsel fees were higher due to added involvement this
3 year for TRICARE, Flu Mist, Investment and Reserve Policy work. Ms. Zell asked that Perkins
4 Coie take special note to outside counsel fees with regard to projections for next year.

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

7
8 **VOTED:** To approve the WVA Annual Operations Budget for FY2018/19 to be presented
9 to the WVA Board.

10
11 **KidsVax® Update**

12
13 **Reserve Investment Policy Update**

14
15 Ms. Zell accredited Ms. Redman and Perkins Coie for their hard work on the Reserve Investment
16 policy. Ms. Zell informed the Committee WVA is moving forward for adoption at the upcoming
17 Board meeting. She went on the state there may be a new engagement letter coming from Morgan
18 Stanley more favorable to WVA with regard to fees. Ms. Zell continued that the Reserve
19 Investment Policy should be presented and voted on at the next Board meeting.

20
21 Ms. Allen commented that Jack Bucknell will be writing a formal report regarding the State's
22 position. Ms. Redman noted that the DOH raised the issue as to whether WVA had the authority
23 to maintain reserves. She then went on to inform the Committee that she, Ms. Zell, Mr. Potter,
24 and Dr. Sobeck received an email from Michele Roberts confirming DOH is following up on the
25 reserves question and they have determined reserves may be distinguished from the assessments.
26 Ms. Roberts further stated the DOH's position that the WVA has the authority to obtain reserves
27 outside the state universal vaccine account.

28
29 Dr. Sobeck inquired about next steps. Ms. Zell informed the Committee the next step would be to
30 have the WVA Board adopt the policy at the June 28, 2018 Board meeting.

31
32 **Audit/Finance Committee Charter Update**

33
34 Ms. Zell gave a brief overview regarding the Audit/Finance Committee proposed Charter
35 provision. Ms. Redman reported WVA has enlarged functions of the Audit Committee to include
36 financial matters and compliance. She went on to inform the Committee that the new Reserves
37 Policy would include a body to monitor reviewing reports as to how the investments are doing.
38 After further discussion, it was agreed and accepted that the Committee would bring to the WVA
39 Board meeting for approval the updated Audit/Finance Compliance Charter Committee.

40
41 There being no further business, the meeting adjourned at 3:35 p.m.

June 28, 2018 Executive Director Overview

Assessment Collections as of 6/18/2018:	\$471 + Million
Remittances to State of WA Since Inception:	\$430 + Million
Members Estimated Collectible Assessments	\$3+ Million
Prepaid Vaccine Purchases:	\$6 + Million
Cash Balance:	\$32 + Million
Morgan Stanley	\$9.1 Thousand
Utilized Line of Credit	\$0 Million
Available Line of Credit	\$0 Million

In reflecting upon the WVA's past three and a half years, I was struck by how much the Association has overcome to obtain the stability and strength it enjoys today. Four years ago, the WVA had many challenges: it had no capital reserve and was reliant on a line of credit to meet vaccine funding activities; the Center for Disease Control (CDC) was questioning the state's chosen method of assessment; TRICARE was refusing to discuss paying vaccine assessments, (costing the WVA millions per year); and the WVA was losing its long-time Deputy Executive Director, Margaret Lane, whose knowledge and experience guided the Association during its formation and helped ensure early operational success. Most remarkably, today I can report that all of these challenges have been addressed, and the Association has prevailed in each instance. While undisputedly, the maintenance of Washington's universal vaccine program has proved more difficult than anticipated, I am certain that with the guidance and wisdom of the Board, outside consultants, our partners, most notably, the Washington Department of Health (DOH) the Association will continue to fulfill its mission and greatly contribute to serving the interests of public health in Washington.

As reported in April, the WVA's finances are robust and TRICARE's partial compliance over the past months have aided capital growth. Assessment collections have remained consistent, allowing for the accrual of approximately \$1 million in additional assessments per month. Currently, the WVA possesses operations reserves of approximately \$32 million dollars; however, the rate of capital expansion is expected to decrease as the July 1, 2018 Grid goes into effect. The new Grid lowers all dosage-based assessments by at least 1% or more, depending on the vaccine, and absorbs the CDC's price increased of April 1, 2018.

After careful view by outside counsel, Anne Redman, the Department of Health, the State Assistant Attorney General's office, and the Audit Committee, the Reserve and Investment Policy is ready for the Board's review and adoption. The broad goal of the policy is to provide general standards for capital reserve targets, investment options for those reserves based on best practices, and to give guidance to any oversight committee or WVA Board Member. As part of the holistic update to the former Investment Policy, outside counsel suggested revisions to the Audit Committee's Charter so that it would have primary responsibility for management and stewardship of the WVA's reserves. The Audit Committee voted to approve the changes and present to the Board

for its consideration. Additional duties would include selection of a financial management organization, periodic review of financial investment activities, and ensuring compliance with any applicable Board policies.

Following the April 5th WVA Board meeting, the DOH and KidsVax® (KV) worked together closely on a number of follow-up items including: the FluMist survey, purposed to determine the amount of doses needed for the beginning of this year's flu season when the vaccine is unavailable through the CDC; the WVA's strategic goals; and the DOH's Restitution Policy formation, which has become part of a broader effort to educate pediatric providers on proper vaccine storage, handling, and accountability requirements. The provider-FluMist survey had a high response rate with detailed comments, allowing the DOH to tailor its ordering to provider-stated needs. The estimated cost to the WVA is much lower than expected, and should not greatly affect the WVA's cash flow. Secondly, after reviewing past years' KV performance goals and the SWOT analysis performed in April 2017, KV consulted with DOH staff to create four, long-term goals for the Association. These will help guide and focus WVA resources and allow the Board to evaluate organizational growth and stability over time. Each goal will be presented during the meeting for the Board's consideration.

Once again, I am excited to share further news of advances in the TRICARE work and provide an update. First, and for the Board's deliberation this meeting, TRICARE put forth a second settlement offer based on the same methodology as the previous settlement that covers September 1, 2017 through March 31, 2018. While TRICARE has paid approximately half of assessments owed for that period which amount to approximately \$600,000, they are offering an additional \$627,000. The amount that has been vetted by Norm Roberge, KV's outside analyst, who verified that it was within the range anticipated and that the 1.8% upward adjustment for the settlement report leakage was included. KV is delighted to be able to recommend the settlement to the Board. Second, we received verification that the WVA's additional legislative "fix" to bar TRICARE from placing limitations on universal vaccine program assessments was included in this year's Senate version of the Nation Defense Authorization Act (NDAA) FY20. Since no similar provision was included in the House version of the bill, KV is working closely with Crowell & Morning, the WVA's government affairs consultants to ensure that the provision remains in the final version of the bill expected to pass later this year, (either in August or October). This is yet again another significant milestone. Many thanks go to our partners at the DOH, the Board, and Senator Murray's office. Lastly, KV is exploring a possible legal argument based on the relevant statute of limitations that may yield an additional settlement offer for the initial period of assessments due in late 2010. A TRICARE meeting is being schedule for July for further discussion of this topic. A similar argument used for NH yielded an additional \$106,000 in TRICARE's latest settlement offer to their universal program.

Lastly and as we look forward to the rest of the year, I have proposed several KV performance goals that are intended to be read alongside the WVA strategic goals. These include creating an alternative to the settlement report process to ensure that all payers are fully responsible for the cost of vaccines utilized by their beneficiaries; further work with one of our strategic partners, the DOH, in its efforts to formulate a Restitution Policy, and creating onboarding materials and practices for new WVA Board members. I look forward to the Board's feedback on each of these goals. In the packet, we have included a KV contract modification proposal for the Board's consideration that I believe will help ensure sufficient resources to accomplish WVA goals,

provide service continuity, and give the Association greater stability and predictability in its operations budget.

Again, thank you for your willingness to serve in Washington's unique public health initiative.

Respectfully submitted,



Julia G. Zell, M.A., Esq.
WVA, Executive Director





3130 Fairview Park Drive, Suite 450
Falls Church, Virginia 22042-5404
Tel: 703-269-6150
Fax: 703-269-6151
www.kennellinc.com

Memorandum

May 21, 2018

TO: Sharon Seelmeyer

FROM: Dave Kennell
Doug Herbert

CC: Christina Superina

**SUBJECT: Calculation of DHA Payments to the Washington Vaccine Association (WVA)
for the October 1, 2017-March 31, 2018 Period**

On December 20, 2017, we provided the methodology and the results for the December 23, 2010-September 30, 2017 period. This memo describes the result of applying that same methodology to the October 1, 2017-March 31, 2018 period.

Results

We used the following three steps to calculate the net payment to WVA:

1. **Calculate the population and inflation-adjusted aggregate amount for this period** - - In the December 2017 calculations, we adjusted the amount calculated for the July 2016-June 2017 period for differences in the length of the historic periods and for changes in the number of TRICARE beneficiaries. We did this by multiplying the inflation-adjusted cost for each period by the ratio of the number of SVP-covered life months in each period to the number of SVP-covered life months in the July 2016-June 2017 period. For the October 2017-March 2018 period, we used the same approach with updated data on SVP-covered lives during this six-month period. The updated number of lives is shown in Exhibit A.

2. **Identify the allowed amounts already paid to WVA - -** We identified the actual allowed amounts already paid by DHA to the WVA (using the WVA NPI) during the October 2017-March 2018 period for TRICARE beneficiaries who were under age 19. Because we used data from May 2018, we used a completion factor for each month ranging from 99% for October 2017 to 69% for March 2018. ¹ The completed data are shown in Exhibit B.
3. **Calculate net payment to WVA - -** The net DHA payment amount is equal to the population and inflation-adjusted aggregate amount for this six-month period (from step 1) less the amounts already paid to WVA (from step 2). The net amount that DHA should pay the WVA for the October 1, 2017-March 31, 2018 period is equal to \$673,490 (see Table 1 and Exhibit C).

Table 1
TRICARE Pediatric Vaccine Amounts to Be Paid to WVA

<u>Period</u>	<u>Value of Vaccine Claims Adjusted For Inflation and Population</u>	<u>Amounts Already Paid to WVA</u>	<u>Difference</u>
10/1/17-3/31/18	\$1,314,266	\$640,776	\$673,490

¹ The completion factors were based on historical completion factors for vaccines in Washington and were equal to 0.99 (October), 0.99 (November), 0.99 (December), 0.98 (January), 0.97 (February), and 0.69 (March).

Exhibit A

SVP-Covered Reliants in WA December 2010 - March 2018

		<u>ADD</u>	<u>NADD</u>	<u>TOTAL</u>			<u>ADD</u>	<u>NADD</u>	<u>TOTAL</u>
2010	December	20,098	10,164	30,262	2015	January	11,758	11,358	23,116
2011	January	19,974	10,256	30,230		February	11,686	11,260	22,946
	February	19,957	10,260	30,217		March	11,744	11,227	22,971
	March	19,905	10,318	30,223		April	11,580	11,205	22,785
	April	25,751	11,826	37,577		May	11,678	11,283	22,961
	May	19,631	10,305	29,936		June	11,611	11,263	22,874
	June	19,485	10,320	29,805		July	11,772	11,269	23,041
	July	19,710	10,368	30,078		August	11,772	11,125	22,897
	August	19,571	10,415	29,986		September	11,846	11,198	23,044
	September	19,504	10,525	30,029		October	11,588	12,858	24,446
	October	19,477	11,239	30,716		November	11,730	12,651	24,381
	November	19,723	10,969	30,692		December	11,953	12,646	24,599
	December	19,203	10,924	30,127	2016	January	11,547	12,697	24,244
2012	January	18,992	10,881	29,873		February	11,759	12,572	24,331
	February	18,804	10,897	29,701		March	11,735	12,504	24,239
	March	18,596	10,826	29,422		April	11,694	12,616	24,310
	April	18,468	10,897	29,365		May	11,728	12,525	24,253
	May	18,414	10,830	29,244		June	11,929	12,664	24,593
	June	18,235	10,784	29,019		July	11,900	12,655	24,555
	July	18,122	10,847	28,969		August	12,072	12,695	24,767
	August	17,837	10,839	28,676		September	12,021	12,591	24,612
	September	17,663	10,756	28,419		October	11,917	12,744	24,661
	October	17,552	11,178	28,730		November	12,042	12,881	24,923
	November	17,446	11,099	28,545		December	11,776	12,819	24,595
	December	17,264	11,063	28,327	2017	January	11,606	12,903	24,509
2013	January	17,105	11,143	28,248		February	11,598	12,879	24,477
	February	16,989	11,169	28,158		March	11,646	12,967	24,613
	March	16,889	11,189	28,078		April	11,598	13,005	24,603
	April	21,008	11,476	32,484		May	11,616	12,981	24,597
	May	16,209	11,300	27,509		June	11,702	13,076	24,778
	June	16,138	11,335	27,473		July	11,586	13,013	24,599
	July	16,277	11,421	27,698		August	12,069	13,057	25,126
	August	15,879	11,389	27,268		September	11,369	12,814	24,183
	September	15,730	11,315	27,045		October	11,443	13,115	24,558
	October	15,674	11,464	27,138		November	11,599	13,007	24,606
	November	15,657	11,355	27,012		December	11,495	13,129	24,624
	December	15,466	11,333	26,799	2018	January	11,734	13,249	24,983
2014	January	15,138	11,396	26,534		February	11,795	13,322	25,117
	February	14,982	11,325	26,307		March	11,788	13,303	25,091
	March	14,675	11,187	25,862					
	April	14,467	11,103	25,570					
	May	14,377	11,025	25,402					
	June	14,296	10,978	25,274					
	July	14,721	11,157	25,878					
	August	13,383	11,043	24,426					
	September	12,732	11,066	23,798					
	October	12,254	11,405	23,659					
	November	12,142	11,317	23,459					
	December	11,902	11,317	23,219					

Exhibit B

Allowed Amounts Paid to the Washington State Vaccine Association, December 23, 2010 through March 31st 2018

<u>FY</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sep</u>	<u>Total</u>
2011			4,096	56	2,570	3,372	4,805	3,620	1,945	2,435	4,516	1,229	28,644
2012	655	513	63	122	292	37	295	109	227	10	67	53	2,445
2013	119	382	767	567	1,382	24	14,368	16,875	22,112	22,039	27,415	21,138	127,190
2014	20,802	15,381	21,606	32,238	28,685	30,379	29,831	34,842	30,593	34,168	33,665	39,379	351,569
2015	37,647	36,564	34,027	36,818	24,688	90	118	236	214	297	-	666	171,364
2016	641	478	17	1,034	923	4,155	27,216	26,429	27,985	27,490	27,556	12,138	156,062
2017	1,152	1,186	2,285	74,692	61,884	84,628	67,970	75,575	75,935	73,781	117,396	70,840	707,325
2018	119,859	111,439	96,117	90,000	93,686	129,675							640,776

Note: Excludes amounts paid for USFHP enrollees. Includes allowed amounts paid to NPI 1699092718 for ADDs and NADDs under age 19.

December FY11 amounts are multiplied by 9/31 to estimate the claims after December 23, 2010.

Exhibit C

Estimated Vaccinations using Deflated Grid Prices, Population Adjusted

Pop Adj	0.637	0.816	1.363	0.756	1.569	0.975	1.000	0.250	0.504
	12/23/2010 -	6/1/2011 -	2/1/2012 -	4/1/2013 -	12/1/2013 -	7/1/2015 -	7/1/2016 -	7/1/2017 -	10/1/2017 -
CPT	5/31/2011	1/31/2012	3/31/2013	11/30/2013	6/30/2015	6/30/2016	6/30/2017	9/30/2017	3/31/2018
90620	\$3,165	\$3,114	\$2,976	\$2,326	\$7,421	\$5,825	\$6,269	\$1,567	\$3,158
90621	\$351	\$345	\$330	\$258	\$822	\$645	\$694	\$174	\$350
90630	\$144	\$141	\$135	\$106	\$337	\$265	\$285	\$71	\$143
90632	\$77	\$76	\$72	\$57	\$181	\$142	\$153	\$38	\$77
90633	\$50,196	\$30,233	\$29,830	\$23,895	\$75,395	\$60,290	\$69,844	\$17,457	\$35,190
90634	\$58	\$57	\$54	\$43	\$136	\$106	\$115	\$29	\$58
90647	\$6,152	\$6,052	\$5,784	\$4,337	\$13,857	\$10,320	\$15,016	\$3,753	\$7,565
90648	\$34,508	\$16,544	\$15,726	\$11,791	\$37,677	\$28,059	\$31,252	\$7,811	\$15,746
90649	\$17,736	\$19,342	\$15,642	\$13,105	\$43,789	\$32,761	\$33,592	\$8,396	\$16,925
90650	\$229	\$225	\$215	\$180	\$603	\$411	\$421	\$105	\$212
90651	\$169,826	\$167,070	\$159,663	\$124,814	\$398,118	\$312,528	\$326,239	\$81,542	\$164,370
90655	\$747	\$735	\$702	\$549	\$1,793	\$1,115	\$1,143	\$286	\$576
90656	\$206	\$203	\$194	\$151	\$472	\$294	\$301	\$75	\$152
90657	\$54	\$53	\$49	\$34	\$106	\$66	\$67	\$17	\$34
90658	\$1,061	\$1,044	\$959	\$750	\$2,341	\$1,456	\$1,493	\$373	\$752
90661	\$34	\$33	\$32	\$25	\$79	\$62	\$67	\$17	\$34
90662	\$65	\$64	\$61	\$48	\$152	\$119	\$128	\$32	\$65
90670	\$305,047	\$336,263	\$327,139	\$260,678	\$830,096	\$665,658	\$716,629	\$179,119	\$361,062
90673	\$21	\$20	\$19	\$15	\$48	\$38	\$41	\$10	\$20
90674	\$26	\$25	\$24	\$19	\$61	\$48	\$44	\$11	\$22
90680	\$127,828	\$142,036	\$131,681	\$98,133	\$324,601	\$238,495	\$229,898	\$57,462	\$115,830
90681	\$7,048	\$6,934	\$6,627	\$4,938	\$16,335	\$15,957	\$16,239	\$4,059	\$8,182
90685	\$33,850	\$33,301	\$31,824	\$24,878	\$79,353	\$62,293	\$63,435	\$15,855	\$31,961
90686	\$12,573	\$12,369	\$11,821	\$9,241	\$29,475	\$22,290	\$21,029	\$5,256	\$10,595
90687	\$109	\$107	\$103	\$80	\$256	\$201	\$216	\$54	\$109
90688	\$26,889	\$26,452	\$25,280	\$19,762	\$63,035	\$49,483	\$53,252	\$13,310	\$26,830
90696	\$24,414	\$24,018	\$22,953	\$18,161	\$58,875	\$44,858	\$44,654	\$11,161	\$22,498
90698	\$61,865	\$54,408	\$51,783	\$39,890	\$127,109	\$90,658	\$104,582	\$26,140	\$52,692
90700	\$22,878	\$16,674	\$15,296	\$13,038	\$41,943	\$31,355	\$36,052	\$9,011	\$18,164
90702	\$153	\$150	\$144	\$112	\$358	\$281	\$303	\$76	\$153
90707	\$34,243	\$17,265	\$16,146	\$12,009	\$38,707	\$28,636	\$31,894	\$7,972	\$16,069
90710	\$108,037	\$93,878	\$86,217	\$68,152	\$220,261	\$185,470	\$214,264	\$53,554	\$107,953
90713	\$8,455	\$5,250	\$4,913	\$3,672	\$11,743	\$7,301	\$9,743	\$2,435	\$4,909
90714	\$304	\$337	\$309	\$237	\$588	\$597	\$640	\$160	\$322
90715	\$22,956	\$22,872	\$21,770	\$16,628	\$51,527	\$38,912	\$42,629	\$10,655	\$21,478
90716	\$67,892	\$73,847	\$70,492	\$54,592	\$175,427	\$143,272	\$145,233	\$36,301	\$73,174
90723	\$94,660	\$87,005	\$82,139	\$61,636	\$194,437	\$146,341	\$155,839	\$38,951	\$78,517
90732	\$343	\$337	\$323	\$252	\$818	\$669	\$778	\$194	\$392
90733	\$605	\$595	\$569	\$445	\$1,419	\$1,114	\$1,199	\$300	\$604
90734	\$91,322	\$92,026	\$87,009	\$66,751	\$200,360	\$151,596	\$168,393	\$42,089	\$84,842
90736	\$110	\$109	\$104	\$81	\$259	\$203	\$219	\$55	\$110
90740	\$122	\$120	\$115	\$90	\$286	\$225	\$242	\$60	\$122
90743	\$53	\$33	\$31	\$23	\$76	\$56	\$69	\$17	\$35
90744	\$14,159	\$8,875	\$8,226	\$6,187	\$20,139	\$14,900	\$17,199	\$4,299	\$8,665
90746	\$310	\$305	\$292	\$228	\$728	\$571	\$615	\$154	\$310
	\$1,350,882	\$1,300,943	\$1,235,769	\$962,396	\$3,071,768	\$2,395,942	\$2,562,406	\$640,464	\$1,291,027

With 1.8% adjustment for administrative claims

\$1,375,198	\$1,324,360	\$1,258,013	\$979,719	\$3,127,060	\$2,439,069	\$2,608,529	\$651,993	\$1,314,266
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Amount Already Paid to WVA (including MTF Prime)

\$18,519	\$11,479	\$4,334	\$160,131	\$485,787	\$89,841	\$512,492	\$262,018	\$640,776
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Less Amount Already Paid to WVA

\$1,356,679	\$1,312,882	\$1,253,680	\$819,588	\$2,641,273	\$2,349,228	\$2,096,037	\$389,975	\$673,490
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**State Vaccination Program Assessment
TRICARE Payment Acceptance Form**

The undersigned signatories represent that they are fully authorized to execute this Agreement on behalf of Washington Vaccine Association and the Washington State, Department of Health, Childhood Vaccine Program (the "Program"), respectively, as indicated below. As such, the Program confirms acceptance of settlement with respect to the following amount(s) and period(s) specified below:

Assessments for Time Periods: 10/1/2017 - 3/31/2018 ("Specified Assessments")

Upon transfer by bank check deposited in the mail, Certified Mail, Return Receipt Requested, to the mailing address set forth below, or wire transfer in the amount of Six Hundred Seventy Three Thousand, Four Hundred, Ninety Dollars (\$673,490) ("Stipulated sum"), the Program agrees as follows:

1. The Stipulated sum is accepted as the full and final payment for the Specified Assessments.
2. All corresponding interest, penalties, late or other charges, if any, for the Specified Assessment are hereby waived.
3. No other action or attempts to collect shall be undertaken for the assessment Time Periods specified above.
4. All of the Specified Assessments shall be deemed "PAID IN FULL," and the Program will so report to any third party making inquiry.

The Program acknowledges that the National Defense Authorization Act of FY 2017, Section 719, and the National Defense Authorization Act for Fiscal Year 2018, Section 718, authorize the Department of Defense to make this payment. By accepting the Stipulated sum, the Program shall completely release, acquit, and forever discharge the Government, Department of Defense, Defense Health Agency, TRICARE, and any and all Managed Care Support Contractors (MCSCs) (including, but not limited to, their and its past and present officers, directors, employees, agents, stockholders, attorneys, servants, representatives, divisions, departments, acquisitions, offices, parents, subsidiaries, affiliates, and partners, and the predecessors, successors, heirs, executors, administrators, and assigns of each of the foregoing) (hereinafter collectively referred to as "Releasees") from any and all claims, demands, actions, suits, causes of action, appeals, whether asserted as a class, individually, or otherwise, damages whenever incurred, and liabilities of any nature whatsoever (including costs, penalties, and attorneys' fees) that Program ever had, now has, or hereafter can, shall, or may have against Releasees, whether known or unknown, on account of or arising out of or resulting from vaccines that are, will be, or have been provided through the Program to TRICARE covered beneficiaries for the assessment Time Period(s) specified above.

Program:

Washington State, Department of Health

By: _____

Signed

Printed

Print Title: _____

Washington Vaccine Association

By: _____

Signed

Printed

Print Title: _____

Witness: _____

Signed

Printed

Date: _____

Witness: _____

Signed

Printed

Date: _____

Mailing Address for this payment:

c/o Perkins Coie LLP
Attention: Anne Redman
1201 Third Ave, Suite 4900
Seattle, WA 98101- 30990

In the event that the Stipulated sum is not received within forty-five (45) days from the last above-stated Date, this form shall be voidable thereafter by its Signers, provided, however, that any attempt to void this form shall be ineffective if the Stipulated sum is subsequently received and not promptly returned to TRICARE.



2018/19 Performance Goals

1. **Goal:** Maintain Core Service Metrics
 - a. Responsiveness
 - i. Telephone (85% within 1 business day | 100% within 2)
 - ii. Emails (85% acknowledged w/ delivery time in 3 days | 100% in 5 days)
 - b. Financial Reporting (from period end)
 - i. Monthly financials w/in 15 business days (except 1st month of year)
 - ii. Annual within 40 business days
 - iii. Quarterly 12-month liquidity forecasts w/in 25 business days
 - c. State funding
 - i. 100% funding on or before due date
 - ii. Annual regulatory reports on or before due date
3. **Goal:** Develop an Alternative Settlement Report Process Proposal and present to the Board at the 2018 Annual meeting.
2. **Goal:** Facilitate WVA's work supporting DOH's development of a WA Restitution Policy.
3. **Goal:** Create and Develop Materials to support new Board Member On-Boarding by June 15, 2019.

Policy Title:	Public Communications Policy	
Policy Number:		EFFECTIVE: 2018
Purpose:	To comply with the reporting requirements of Washington State RCW 70.290 and to ensure that any external communications or political activity by the Washington Vaccine Association or its directors, officers or staff are (i) authorized, (ii) accurately reflect the position of the Association, and (iii) are consistent with applicable law.	

This Public Communications Policy (the “Policy”) will guide the Washington Vaccine Association (WVA) Board of Directors (collectively the “Board” and each member, individually, a “Director”) and the WVA Executive Director (“ED”), along with their representatives, agents and employees, (each a “WVA Representative”) in communications on behalf of the “WVA”.

A. DEFINITIONS

For purposes of this policy,

1. “Communications Position” means communications entirely consistent with the Board’s determination that WVA’s purposes are furthered by activities which support the continuation of the Washington universal vaccine purchase program, which program is designed to provide Washington children access to vaccines recommended by the Washington State Department of Health as defined in RCW 70.290.010 (10).
2. “Political activity” means any activity which is intended to or is likely to have the effect of: (a) influencing legislation or regulation; (b) advocating for the success or failure of a political party, candidate or partisan political group; or (c) endorsing or otherwise supporting a political party, candidate or partisan political group.
3. “Public advocacy activity” means any activity which is intended to or is likely to have the effect of: (a) presenting to members of the public and/or public officials a particular point of view or perspective on a matter of social policy or preference; or (b) advocating for certain action or inaction by members of the public and/or public officials regarding a matter of social policy or preference.

B. REQUIRED REPORTS

1. WVA will timely submit all reports required by Washington State RCW 70.290 and any other applicable law or regulation. These include the following (collectively the “Annual Reports”):
 - a. 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 [RCW70.290.030 (5)(j)]
 - b. 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 [RCW70.290.030 (5)(k)]

2. Report Preparation Procedures:

- a. Annual Reports shall be consistent with the Communication Position.
 - b. The ED will prepare the initial draft of each Annual Report and provide the opportunity for review and comment by the Department of Health.
 - c. The ED will next disseminate a draft of each Annual Report to the Board for individual comments by email or telephone. The ED will synthesize Director comments and disseminate a revised draft to the Board.
 - d. At the request of any Director directed to the ED or Board Chair, the Board will discuss the revised Annual Report at its next regular meeting or, if the filing deadline requires, at a special meeting called by the Board Chair.
 - e. Consistent with any final Board direction, the WVA Executive Director will finalize and timely file each Annual Report.
3. Unless otherwise directed by the Board, the ED will post all final Annual Reports on the WVA website.
4. WVA will produce one additional written communication piece per year in consultation with the DOH to be sent to stakeholders.

C. PUBLIC STATEMENTS AND COMMUNICATIONS

1. When acting in his or her official WVA capacity no WVA Representative may make any oral or written communication contrary to any Communications Position.
2. Requests for WVA public statements should be directed to the Board Chair. The Board Chair may communicate on behalf of WVA, or request the ED or other Director to do so. All communications made on behalf of WVA must be accurate, consistent with its purposes and the Communication Position, and in fulfillment of the fiduciary duty of loyalty to WVA.
3. Additionally, the ED is authorized and directed to respond to factual inquiries about WVA, and to communicate as needed to collect assessments.

D. POLITICAL ACTIVITY:

1. POLITICAL CAMPAIGNS

- a. Neither WVA nor any WVA Representative, acting in its official capacity for WVA, may participate, directly or indirectly, in any activity directed at the success or failure of a political party, a partisan political candidate, or a partisan political group.
- b. Neither WVA nor any WVA Representative, acting in its official capacity

for WVA, may endorse a candidate, contribute WVA funds to a candidate's campaign, or use WVA facilities, letterhead, web sites or other social media to conduct any fundraising or other activities in support of a candidate.

2. PUBLIC POLICY POSITIONS

- a. WVA may take an official position on public policy issues germane to its mission and operations, but only in accordance with the following procedures:
 - i. The Board must approve the content and nature of the policy position, after first determining that the issue is pertinent to WVA's mission and/or operations.
 - ii. All communication of the WVA policy position will be conducted solely by WVA representatives authorized by, and only through means approved in advance by, the Board or a duly-constituted Board legislative committee.
 - iii. WVA policy positions will not: (i) identify one or more candidates for political office; (ii) approve or disapprove of any candidate's position or actions with respect to the policy issue; (iii) reference voting or an upcoming election; or (iv) be delivered in close proximity in time to an election in which the policy issue is germane.
- b. No WVA Representative may assert any policy position on behalf of WVA, or give the appearance of asserting any policy position on behalf of WVA, except in strict accordance with the procedures described above and in a manner consistent with WVA's approved policy positions.

3. POLITICAL ACTIVITY AND PUBLIC ADVOCACY AS PRIVATE CITIZEN

- a. Any WVA Representative may conduct or participate in political or public advocacy activities in his or her individual capacity as a private citizen.
- b. Each WVA Representative has a fiduciary duty of loyalty to WVA when acting in an official capacity. When conducting political or public advocacy activity as a private citizen, each WVA Representative must take the following steps to ensure that he or she is not using his or her official WVA capacity to further personal political or social views or goals, or creating the possibility that his or her political activity as a private citizen may be misconstrued as the activity of, or an expression of support by, WVA:
 - i. When conducting political or public advocacy activity as a private citizen, each WVA Representative must utilize personal letterhead, social media, telephone lines, email, and facilities and conduct such political activity outside of the WVA Representative's official duties for WVA.

- ii. A WVA Representative may note his or her title or official capacity with WVA solely for identification purposes. Whenever such capacity is noted (i) in connection with any private political or public advocacy activity, whether verbal, written or electronic (including email, web sites, blogs, online commentary, Facebook, Twitter or other social media), or (ii) in a manner or under circumstances which may create an inference that such private political or public advocacy activity is conducted on behalf of, or with the support of WVA, then the WVA Representative must state expressly in each such instance that he or she is acting in an individual capacity, and in no way on behalf of WVA.
- iii. Except in strict accordance with Paragraph D.2.a above, no WVA Representative has authority to conduct any political or public advocacy activity on behalf of WVA, or to create the appearance that he or she is acting on WVA's behalf or with WVA's support. Each WVA Representative will take all steps necessary to clarify the personal nature of any political or public advocacy activity conducted as a private citizen.

E. ENFORCEMENT, REVIEW AND REVISION:

This Policy will be enforced by the Board at any regular or special meeting. The Board may consider all courses of action, including but not limited to education and training and possible removal from the Board in accordance with provisions in the WVA bylaws or, in the case of staff, termination.

This Policy may be updated from time to time by the Board.

DATE ADOPTED: April 5, 2018

LAST REVISED: _____

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Washington Vaccine Association Statement of Financial Position As of May 31,2018

A

ASSETS

Current assets		
1	Cash and cash equivalents	\$ 32,543,873.10
2	Investments	9,118.00
3	Members Estimated Collectible Assessments	3,777,791.00
4	Prepaid Vaccine	6,006,859.58
5	Prepaid Administrative Services	-
6	Total current assets	42,337,641.68
7	Total assets	\$ 42,337,641.68

LIABILITIES AND NET ASSETS

Current liabilities		
8	Accounts payable	\$ 2,800.00
9	Key Bank - Line of Credit	-
10	Payable to Washington Department of Health	-
11	Other accruals	-
12	Total current liabilities	2,800.00
Net assets		
13	Excess Assessments - Vaccines	26,586,945.99
14	Excess Assesments - Administrative Activities	15,747,895.69
15	Total net assets	42,334,841.68
16	Total liabilities and net assets	\$ 42,337,641.68

Washington Vaccine Association
Statement of Activities and Changes in Net Assets

	Month Ending May 31, 2018			For 11 Months Ending May 31, 2018		
	A Administrative Activities	B Vaccine Activities	C Total	D Administrative Activities	E Vaccine Activities	F Total
Revenues:						
1 Assessments	\$ 997,151.70	\$ 5,133,495.00	\$ 6,130,646.70	\$ 12,301,392.74	\$ 66,846,668.00	\$ 79,148,060.74
2 Less: Vaccine expense	-	(5,002,554.83)	(5,002,554.83)	-	(59,485,131.68)	(59,485,131.68)
3 Net Assessment margins	997,151.70	130,940.17	1,128,091.87	12,301,392.74	7,361,536.32	19,662,929.06
4 Investment income	-	-	-	-	-	-
5 Other income	-	-	-	-	-	-
6 Net revenues	997,151.70	130,940.17	1,128,091.87	12,301,392.74	7,361,536.32	19,662,929.06
Expenses:						
7 Administrative services - fixed contract	(210,474.58)	-	(210,474.58)	434,779.58	-	434,779.58
8 Adm services - variable compensation	250,000.00	-	250,000.00	250,000.00	-	250,000.00
9 Administrative services - Tricare	20,000.00	-	20,000.00	354,623.69	-	354,623.69
10 Tricare - Legislative Services	-	-	-	104,399.65	-	104,399.65
11 Legal fees	-	-	-	283,391.99	-	283,391.99
12 Audit	-	-	-	10,500.00	-	10,500.00
13 Annual report / special communications	-	-	-	-	-	-
Special projects:						
14 DOH vaccine order system	-	-	-	-	-	-
15 Denied claims recovery	2,800.00	-	2,800.00	30,800.00	-	30,800.00
16 All other special projects	-	-	-	21,622.95	-	21,622.95
17 Insurance	-	-	-	46,389.51	-	46,389.51
18 Bank fees	1,480.44	-	1,480.44	40,270.61	-	40,270.61
19 Investment advisor / manager	-	-	-	-	-	-
20 Other administration expenses	-	-	-	327.05	-	327.05
21 Total administrative expenses	63,805.86	-	63,805.86	1,577,105.03	-	1,577,105.03
22 Line of credit - financing costs	-	-	-	-	-	-
23 Total expenses	63,805.86	-	63,805.86	1,577,105.03	-	1,577,105.03
24 Increase (decrease) in net assets	\$ 933,345.84	\$ 130,940.17	\$ 1,064,286.01	\$ 10,724,287.71	\$ 7,361,536.32	\$ 18,085,824.03
25 Excess assessments, beginning of year				5,023,607.98	19,225,409.67	24,249,017.65
26 Excess assessments, end of period				\$ 15,747,895.69	\$ 26,586,945.99	\$ 42,334,841.68

Unaudited - For Management Purposes Only
Prepared by KidsVax, LLC

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

WVA Board Meeting 06-28-2018
Page 39 of 92

	A	B	C	D
	Inception Through 3/31/2018	Month 4/30/2018	Month 5/31/2018	Inception Through 5/31/2018
1 Cash balance - beginning of period	\$ -	\$ 32,123,233.48	\$ 32,437,386.84	\$ -
Inflows:				
2 Principal prepayments	7,800,001.00	-	-	7,800,001.00
3 Vaccine collections	459,794,427.91	5,411,000.30	6,186,269.70	471,391,697.91
4 Interest income	53,408.37	-	-	53,408.37
5 Investment income/ (loss)	149,787.97	-	-	149,787.97
6 Key Bank - LOC advances	-	-	-	-
7 Total inflows	467,797,625.25	5,411,000.30	6,186,269.70	479,394,895.25
Outflows:				
8 Principal repayments	(7,799,908.85)	-	-	(7,799,908.85)
Program				
9 Vaccine remittance State of WA	(419,560,054.57)	(5,057,706.81)	(6,006,859.58)	(430,624,620.96)
10 Vaccine Selection Development	(79,950.00)	-	-	(79,950.00)
11 Public information	(147,626.81)	-	-	(147,626.81)
12 Total program disbursements	(419,787,631.38)	(5,057,706.81)	(6,006,859.58)	(430,852,197.77)
Administration				
13 Administrative services	(4,683,002.81)	(34,459.65)	(59,525.42)	(4,776,987.88)
14 Project management fees	(419,878.90)	-	-	(419,878.90)
15 Denied claims recovery	(135,333.44)	(2,800.00)	(2,800.00)	(140,933.44)
16 Design and advertising	(31,031.38)	-	-	(31,031.38)
17 Claims system development	(26,000.00)	-	-	(26,000.00)
18 Legal fees	(587,127.17)	-	-	(587,127.17)
19 Audit fees	(95,055.00)	-	-	(95,055.00)
20 Website and information technology	(113,993.32)	-	-	(113,993.32)
21 Travel	(1,829.68)	-	-	(1,829.68)
22 Total administration	(6,093,251.70)	(37,259.65)	(62,325.42)	(6,192,836.77)
Office				
23 Bank Fees	(548,140.75)	(1,880.48)	(1,480.44)	(551,501.67)
24 Office supplies	883.92	-	-	883.92
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	(607,342.93)	(1,880.48)	(1,480.44)	(610,703.85)
Other				
30 Insurance	(247,821.95)	-	-	(247,821.95)
31 Interest Line of Credit	(1,136,610.90)	-	-	(1,136,610.90)
32 Board meetings	(1,824.06)	-	-	(1,824.06)
33 Total Other	(1,386,256.91)	-	-	(1,386,256.91)
34 Total outflows	(435,674,391.77)	(5,096,846.94)	(6,070,665.44)	(446,841,904.15)
35 Cash balance - end of period	\$ 32,123,233.48	\$ 32,437,386.84	\$ 32,552,991.10	\$ 32,552,991.10

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



WVA Cash Flow Projection Model
As of June 21, 2018

Amounts in **BOLD** are actuals.

Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Interest income / expense	To/from Interest Bearing	Net Cash Change	Cash Balance (a)	LOC / Interest Bearing (b)	Net Liquidity (a + b)
Nov-15	7,027,691	(4,244,926)	-	(74,693)	(38,750)		2,669,322	4,454,955	(15,000,000)	(10,545,045)
Dec-15	7,426,578	(4,198,198)	-	(77,905)	(37,500)	(1,000,000)	2,112,975	6,567,930	(14,000,000)	(7,432,070)
Jan-16	4,834,017	(5,432,469)	-	(115,986)	(38,454)		(752,891)	5,815,038	(14,000,000)	(8,184,962)
Feb-16	5,893,278	(4,813,588)	-	(81,431)	(38,368)	(2,000,000)	(1,040,109)	4,774,930	(12,000,000)	(7,225,070)
Mar-16	6,879,529	(4,498,451)	-	(72,223)	(33,646)		2,275,209	7,050,138	(12,000,000)	(4,949,862)
Apr-16	5,359,159	(5,357,383)	-	(71,266)	(33,485)		(102,975)	6,947,163	(12,000,000)	(5,052,837)
May-16	5,346,077	(5,041,930)	-	(70,267)	(32,005)	(1,000,000)	(798,125)	6,149,039	(11,000,000)	(4,850,961)
Jun-16	6,318,973	(6,210,703)	-	(65,812)	(32,336)	(1,000,000)	(989,877)	5,159,161	(10,000,000)	(4,840,839)
Jul-16	5,626,346	(4,444,198)	(1,263,808)	(123,581)	(29,350)	-	(234,592)	4,924,570	(10,000,000)	(5,075,430)
Aug-16	7,739,005	(5,615,932)	-	(77,425)	(27,986)	(1,000,000)	1,017,663	5,942,233	(9,000,000)	(3,057,767)
Sep-16	9,041,533	(5,546,402)	(2,507,129)	(113,138)	(28,064)	(2,000,000)	(1,153,201)	4,789,032	(7,000,000)	(2,210,968)
Oct-16	7,482,696	(4,748,545)	-	(79,988)	(24,742)	(2,000,000)	629,420	5,418,452	(5,000,000)	418,452
Nov-16	8,855,104	(4,457,024)	-	(91,560)	(19,783)	(2,500,000)	1,786,737	7,205,189	(2,500,000)	4,705,189
Dec-16	6,135,734	(5,450,704)	-	(66,989)	(8,982)	(2,500,000)	(1,890,941)	5,314,248	-	5,314,248
Jan-17	5,339,947	(5,318,030)	-	(90,691)	-		(68,774)	5,245,474	-	5,245,474
Feb-17	5,824,066	(4,226,052)	-	(97,429)	-		1,500,584	6,746,058	-	6,746,058
Mar-17	6,844,922	(5,433,956)	-	(80,760)	-		1,330,207	8,076,265	-	8,076,265
Apr-17	5,261,908	(5,334,158)	-	(57,425)	-		(129,674)	7,946,590	-	7,946,590
May-17	5,811,994	(5,286,633)	-	(72,018)	-		453,342	8,399,932	-	8,399,932
Jun-17	6,302,549	(5,014,254)	-	(105,930)	-		1,182,365	9,582,298	-	9,582,298
Jul-17	5,608,570	(7,562,171)	-	(113,526)	-		(2,067,127)	7,515,171	-	7,515,171
Aug-17	7,828,758	(7,225,017)		(93,327)	-		510,414	8,025,584	-	8,025,584
Sep-17	8,086,399	(5,249,429)	(3,638,937)	(78,530)	-		(880,497)	7,145,088	-	7,145,088
Oct-17	7,116,156	(5,437,731)		(71,765)	-		1,606,659	8,751,747	-	8,751,747
Nov-17	8,215,489	(4,210,946)		(71,156)	-		3,933,387	12,685,134	-	12,685,134
Dec-17	6,422,096	(4,118,584)		(205,290)	-		2,098,222	14,783,356	-	14,783,356
Jan-18	5,886,214	(4,236,192)		(127,046)	-		1,522,975	16,306,331	-	16,306,331
Feb-18	6,033,821	(3,432,432)		(95,751)	-		2,505,638	18,811,969	-	18,811,969
Mar-18	18,263,903	(4,301,740)		(650,899)	-		13,311,264	32,123,233	-	32,123,233
Apr-18	5,411,000	(5,057,707)		(39,140)	-		314,154	32,437,387	-	32,437,387
May-18	6,186,270	(6,006,860)		(63,806)	-		115,604	32,552,991	-	32,552,991
Jun-18	7,153,450	(6,221,576)		(80,380)	-	(22,500,000)	(21,648,506)	10,904,484	22,500,000	33,404,484
Jul-18	7,885,844	(6,688,252)		(80,380)	41,813	(1,000,000)	159,025	11,063,510	23,500,000	34,563,510
Aug-18	7,760,371	(7,717,031)		(80,380)	43,671	(1,000,000)	(993,369)	10,070,141	24,500,000	34,570,141
Sep-18	8,109,564	(5,223,825)		(80,380)	45,529	(1,000,000)	1,850,889	11,921,029	25,500,000	37,421,029
Oct-18	5,968,285	(4,694,320)	(3,019,290)	(80,380)	47,388		(1,778,318)	10,142,711	25,500,000	35,642,711
Nov-18	5,185,858	(4,317,825)		(80,380)	47,388		835,041	10,977,752	25,500,000	36,477,752
Dec-18	4,776,595	(4,142,511)		(80,380)	47,388	(1,000,000)	(398,908)	10,578,844	26,500,000	37,078,844
Jan-19	4,646,680	(4,741,670)		(80,380)	49,246		(126,124)	10,452,720	26,500,000	36,952,720

Notes

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

< LOC Paid off by 12/31

< Includes TRICARE payment

< Grid Rates reduced by 1% on July 1

< Includes TRICARE expected payment of \$673,490

WVA Cash Flow Projection Model
As of June 21, 2018

Amounts in **BOLD** are actuals.

Month	Projected Net Cash Receipts	Projected DOH Reimb	Flu / CDC Advance	Admin Exp / Other	Interest income / expense	To/from Interest Bearing	Net Cash Change	Cash Balance (a)	LOC / Interest Bearing (b)	Net Liquidity (a + b)
Feb-19	5,093,717	(4,183,544)		(80,380)	49,246		879,039	11,331,759	26,500,000	37,831,759
Mar-19	4,797,229	(5,356,791)		(80,380)	49,246		(590,696)	10,741,062	26,500,000	37,241,062
Apr-19	5,485,661	(4,856,839)		(80,380)	49,246		597,689	11,338,751	26,500,000	37,838,751
May-19	5,319,361	(6,109,998)		(80,380)	49,246		(821,771)	10,516,980	26,500,000	37,016,980
Jun-19	6,364,360	(6,470,439)		(80,380)	49,246		(137,213)	10,379,767	26,500,000	36,879,767
Jul-19	6,852,944	(6,955,782)		(80,380)	49,246		(133,972)	10,245,794	26,500,000	36,745,794
Aug-19	6,812,581	(8,025,712)		(80,380)	49,246	1,000,000	(244,265)	10,001,529	25,500,000	35,501,529
Sep-19	7,439,217	(5,432,778)		(80,380)	47,388		1,973,447	11,974,976	25,500,000	37,474,976
Oct-19	5,474,939	(4,882,093)	(3,140,062)	(80,380)	47,388	1,000,000	(1,580,208)	10,394,768	24,500,000	34,894,768
Nov-19	4,757,188	(4,490,537)		(80,380)	45,529		231,800	10,626,568	24,500,000	35,126,568
Dec-19	4,381,756	(4,308,211)		(80,380)	45,529		38,694	10,665,262	24,500,000	35,165,262
Jan-20	4,262,580	(4,931,337)		(80,380)	45,529	1,000,000	296,392	10,961,653	23,500,000	34,461,653
Feb-20	4,672,664	(4,350,886)		(80,380)	43,671		285,069	11,246,722	23,500,000	34,746,722
Mar-20	4,400,684	(5,571,063)		(80,380)	43,671		(1,207,088)	10,039,634	23,500,000	33,539,634
Apr-20	5,032,210	(5,051,112)		(80,380)	43,671	1,000,000	944,388	10,984,022	22,500,000	33,484,022
May-20	4,879,656	(6,354,397)		(80,380)	41,813	1,000,000	(513,309)	10,470,712	21,500,000	31,970,712
Jun-20	5,838,274	(6,729,257)		(80,380)	39,954	1,000,000	68,591	10,539,304	20,500,000	31,039,304

Notes

< Includes estimated 4% CDC rate increase

< Assumes no change to Grid Rates

< Includes estimated 4% CDC rate increase

Washington Vaccine Association
Thirteen (13) Months of Key Financial Information
Prepared by Norm Roberge - KidsVax, LLC

1		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	12 Months
2		2017	2017	2017	2017	2017	2017	2017	2017	2018	2018	2018	2018	2018	Average
3		(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)	(000)
4	Cash Balance	7,935	8,989	9,572	7,505	8,016	7,135	12,675	14,774	16,294	18,802	32,113	32,427	32,543	16,737
5	Investments	10	10	10	9	9	9	9	9	9	9	9	9	9	9
6	Prepaid Vaccines	5,339	5,251	5,014	7,562	7,225	7,735	4,875	4,467	4,408	3,485	4,301	5,002	6,006	5,444
7	Line of Credit Outstanding	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	Assessments Collected	5,261	5,811	6,302	5,608	7,828	8,086	8,215	6,422	5,886	6,033	18,263	5,411	6,186	7,504
9	Payments to DOH (non flu)	5,334	5,286	5,014	7,562	7,225	8,888	4,210	4,118	4,236	3,432	4,301	5,057	6,006	5,445
10	Payments to DOH - Flu	-	-	-	-	-	-	-	-	-	-	-	-	-	n/a
11	Line of Credit Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-

12 Grid in effect: A A A B B B B B B B B B B B

13 Note: Grids in effect for above information: New WVA grid effective 07/01/2017

14 A: From: 7/1/2016 To: 6/30/2017

15 B: From: 7/1/2017 To: Present

16 Note - Assessments Collected on line 8 - March 2018 reflects the \$12M received from TRICARE for periods Dec 23, 2010 - Sep 30, 2017

Washington Vaccine Association Statement of Activities and Changes in Net Assets					Budget worksheet		
	A	B	C	D	E	F	G
	For 11 Months Ending May 31, 2018			for 12 months ending			
	Administrative	Vaccine	Actuals for 11 months	June 30, 2018	2017/18 Expense	2018/19 Expense	2018/19 Expense
	Activities	Activities	ending May 31, 2018	(Projected)	Budget Approved June 2017	Budget Recommended June 2018	Budget with restructured personnel & FTE ED
Revenues:							
1 Assessments	\$ 12,301,392.74	\$ 66,846,668.00	\$ 79,148,060.74	\$ 84,860,622.74			
2 Less: Vaccine Expense	-	(59,485,131.68)	(59,485,131.68)	(65,492,031.68)			
3 Net Assessment Margins	12,301,392.74	7,361,536.32	19,662,929.06	21,450,468.07			526,838 ^g
4 Investment Income	-	-	-	-			
5 Other Income	-	-	-	-			
6 Net Revenue	12,301,392.74	7,361,536.32	19,662,929.06	21,450,468.07			
Expenses:							
6b Zell Executive Director Contract							137,000 ^j
7 KV Admin services - Fixed Contract	434,779.58	-	434,779.58	474,304.58	474,305	490,905 ^e	490,905
7b KV Admin services - reduction for Zell							-60,000
7c KV Admin services - addition for Assist. Treasurer							12,000
8 KV Admin services - variable compensation	-	-	-	47,430.00 ^a	47,430 ^a	49,091 ^a	49,091
9 KV Admin services - spot award	250,000.00	-	250,000.00	250,000.00			
10 KV Admin services - TRICARE	354,623.69	-	354,623.69	374,623.69	180,000	180,000 ^f	180,000 ^h
10b KV - NHVA contribution							-120,000
11 KV Admin services - TRICARE legislative initiative	104,399.65	-	104,399.65	128,399.65	150,000	150,000	150,000
12 Legal fees	14,133.82	-	14,133.82	16,960.58	35,000 ^b	35,000 ^b	35,000
13 Legal fees - TRICARE settlement	269,258.17	-	269,258.17	269,258.17			
14 Audit	10,500.00	-	10,500.00	10,500.00	11,000	11,400 ^c	11,400
KV Special Projects:							
15 Denied Claims Recovery	30,800.00	-	30,800.00	33,600.00	33,600	33,600 ^d	33,600
16 Assessment Review	21,622.95	-	21,622.95	23,588.67	25,000	28,000	28,000
17 All Other	-	-	-	5,000.00	10,000	10,000	10,000
17b Adjustment for Zell role as full time ED							-7,160 ⁱ
18 Insurance	46,389.51	-	46,389.51	46,389.51	47,000	49,000	49,000
19 Bank Fees	40,270.61	-	40,270.61	43,931.57	60,000	50,000	50,000
20 Other	327.05	-	327.05	327.05		500	500
21 Total administrative Expenses	1,577,105.03	-	1,577,105.03	1,720,478.21	1,073,335	1,087,496	1,049,336
22 Line of Credit - Financing Costs	-	-	-	-			
23 Total expenses	1,577,105.03	-	1,577,105.03	1,720,478.21			
24 Increase (decrease) in net assets	\$ 10,724,287.71	\$ 7,361,536.32	\$ 18,085,824.03	\$ 19,729,989.85			
25 Unrestricted net assets, beginning of year	5,023,607.98	19,225,409.67	24,249,017.65	24,249,017.65			
26 Unrestricted net assets, end of year	\$ 15,747,895.69	\$ 26,586,945.99	\$ 42,334,841.68	\$ 43,979,007.50			

Notes:

- ^a This is full contractual target. The board retains full discretion as to actual final amount.
- ^b Some nominal legal expenses should be anticipated as a baseline. Although the TRICARE claim is expected to be handled by outside counsel under a contingent-fee arrangement, WVA itself should anticipate some related legal/audit expenses.
- ^c CliftonLarsonAllen, LLP
- ^d AMCC claims recovery services for 12 months. No increase from previous year. Estimated claims reprocessed \$200,000
- ^e 2017/18 base of 474,305 x 1.035 increase
- ^f TRICARE Project added years ago
- ^g Recent AAG decision from DOH now allows WVA to restart its reserve investment program.
- ^h One-time \$20,000 / month contribution from NHVA to WVA for up to 6 months just negotiated by KidsVax®.
- ⁱ Estimated savings from having Zell services for existing projects rolled into the EC contract. Future savings should be higher given the nature of those projects.
- ^j Zell will also receive, under the amended KV contract, 1/2 of that base awarded, i.e., \$24,545.27 if exactly the budgeted number were awarded.

Washington Vaccine Association FINANCE AND COMPLIANCE COMMITTEE CHARTER

Overall Roles and Responsibilities

The Finance and Compliance Committee (FCC) is responsible to provide oversight of the Washington Vaccine Association (WVA) financial reporting process and internal control environment, data privacy and security, finance including corporation budgets, investment policies, and corporate compliance matters. The FCC's responsibility is to act on behalf of the board of directors (the Board) as its delegee as expressly set forth in this charter. The FCC's oversight includes a focus on the qualitative aspects of financial reporting, organization processes for the management of risk, financial and budgetary matters, and compliance with significant, applicable tax, legal, ethical, and regulatory requirements.

The FCC shall coordinate with other board committees and maintain positive working relationships with management, external auditors, legal counsel, and other committee advisors.

Specific Responsibilities and Delegated Authority

The specific responsibilities and where indicated, delegated authority of the FCC include:

- Reviewing the FCC's charter periodically, and recommending any proposed changes to the Board of Directors for approval. Considering changes that are necessary as a result of new laws or regulations.

AUDIT

- Conducting executive sessions with the outside auditors, Executive Director, and the controller and/or internal control professional of its outside administrator. Hiring the independent auditors, or other consultants as necessary. (This may take place any time during the year.) Hiring of legal counsel as recommended by the FCC shall be approved by the Board.
- Appointing the independent auditors to be engaged by the WVA, establishing the audit fees of the independent auditors, and pre-approving any non-audit services provided by the independent auditors or other accountants, including tax services, before the services are rendered.
- Reviewing with the independent auditor, administrator CFO and controller, the audit scope and plan of the independent auditors.
- Reviewing the Federal Form 990, if required by the IRS, to ensure compliance on all financial sections.
- Annually reviewing with each public accounting firm engaged by the FCC to perform an audit (1) all critical accounting policies and practices used by the WVA and (2) all alternative treatments of financial information within generally accepted accounting principles that have been discussed with management of the WVA, the ramifications of each alternative, and the treatment preferred by the WVA.

- Reviewing at the completion of each year's external audit all material written communications between the independent auditors and management, such as any, the WVA's annual financial statements and related footnotes, the independent auditors' audit of the financial statements and their report thereon, the independent auditors' judgments about the quality, not just the acceptability, of the WVA's accounting principles as applied in its financial reporting, any significant changes required in the independent auditors' audit plan, any serious difficulties or disputes with management encountered during the audit, or schedule of unadjusted differences.
- Evaluating the independent auditors.
- Inquiring of management, and the independent auditors about significant risks or exposures facing the WVA; assessing the steps management has taken or proposes to take to minimize such risks to the WVA; and periodically reviewing compliance with such steps.
- Reviewing with management and the independent auditor the effect of any regulatory and accounting initiatives, as well as off-balance-sheet transactions, if any.

FINANCE

- Reviewing the proposed annual budget for WVA and recommending a proposed annual budget to the Board.
- Developing proposed policies regarding maintenance of reserves by WVA for approval by the Board; overseeing the investment of reserves maintained by WVA and the performance of WVA investments.

COMPLIANCE

- Periodically reviewing with the outside general counsel and the Executive Director, legal and regulatory matters that, in the opinion of management, may have a material impact on the financial statements, related WVA compliance policies, and programs and reports received from regulators.
- Preparing and reviewing periodically any code of conduct/ethics to ensure that it is adequate and up-to-date. Review with the Executive Director and WVA's general counsel the results of their review of the monitoring of compliance with the WVA's code of conduct/ethics.
- Reviewing any submissions, whether via WVA's Whistleblower Policy or otherwise, by any WVA employee or contractor or employee of any WVA contractor of any concern regarding financial misconduct, dishonesty, or questionable accounting or auditing matters. Reviewing any submissions that have been received, the current status, and the resolution, if one has been reached.
- Annually, review WVA's legal and regulatory compliance checklist. At least once every five years review with outside general counsel the compliance checklist itself and specifically seek such counsel's guidance with respect to ongoing legal and regulatory compliance.

Meetings

The FCC shall meet as frequently as needed to fulfill its charter and to address matters on its agenda, but not less frequently than two times per year. The FCC may ask members of management or others to attend the meeting and provide pertinent information as necessary. The FCC shall request members of management, counsel, and external auditors, as applicable, to participate in FCC meetings, as necessary, to carry out the committee's responsibilities.

The FCC may meet in executive session with only the FCC members as it deems appropriate, including without limitation meeting for consideration of the annual auditor's reports and recommendations. *In any case, the FCC shall meet at least annually in executive session separately with external auditors.*

Members

The FCC shall consist of at least three members assigned by the Board. The Board may also assign up to two non-board members who offer special financial expertise who shall serve as non-voting member of the FCC. Adequate financial expertise should be represented on the FCC. At least one member of the FCC shall be an individual who is financially sophisticated in the sense that she or he has comfort and experience in reviewing financial audit reports and participating in board oversight of audit processes. To ensure that the FCC is independent, none of the FCC members may be employees of WVA or its outside administrator. Neither the auditor nor the outside general counsel should serve as a member of the FCC, but should only serve in an advisory capacity.

Reviewed by Committee

Approved by the Board

Date: _____, 2018

Date: _____, 2018

Chair: _____

Chair: _____



(Draft) Reserves Investment Policy – Washington Vaccine Association
(Adopted ____, 2018)

Overview of WVA Reserves Investment Policy

Washington Vaccine Association (WVA) is a Washington nonprofit corporation, exempt from taxation pursuant to section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The primary purpose of WVA is to collect and remit adequate funds from health carriers and third-party administrators to the Washington State Department of Health to pay timely the cost of vaccines administered to children in the State of Washington who are not eligible for free vaccines under one or more federal programs. WVA was created in April 2010 pursuant to the provisions of Chapter 70.290, RCW.

The Board of Directors of WVA (Board) has determined that to carry out its statutory and charitable purpose WVA should maintain minimum reserves **[in amounts projected from time to time by the Board to cover several months of vaccines costs plus the next flu season purchases]** to provide liquidity to fund the costs of such vaccines by timely (just in time) deposits to the State's universal vaccine purchase account.

The purpose of this Reserves Investment Policy is to establish the responsibility, authority, and guidelines for the investment of WVA reserve funds maintained from time to time.

Reserves Investment Policy Review

This Reserves Investment Policy has been adopted by the Board and will be reviewed periodically by the Board or a delegated Board committee as required to remain consistent with the objectives of WVA and with current financial trends. Changes to this Reserves Investment Policy shall require Board approval.

Prudence and Good Faith

Persons responsible for managing and investing WVA funds shall act in good faith and with the care an ordinarily prudent person in a like position would exercise under similar circumstances as set out in the Washington State Uniform Prudent Management of Institutional Funds Act (UPMIFA), Chapter 24.55 RCW.

Investment Objectives and Principles

The objectives of WVA's investment program are, in order of priority:

- Safety and preservation of principal by investing in a high quality, diversified portfolio of securities as described in "Investment Guidelines."

- Liquidity of investments that is sufficient to meet WVA's projected funding requirements and provide liquidity for unanticipated funding needs.
- Conservative market rates of return on invested funds consistent with the above stated objectives.

Investment Guidelines

1. Maturity:

Individual security maturities should not exceed 60 months (5 years). The weighted average maturity of the portfolio shall not exceed 36 months. No more than 20% of the portfolio will carry maturities beyond 36 months. A maturity or effective maturity by definition shall include puts, announced calls or other structural features which will allow the holder to redeem the investments at a quantifiable price consistent with liquidity, safety and preservation of capital.

2. Eligible Investments:

Eligible investments shall include only the following investments:

United States Government Securities: Marketable securities which are direct obligations of the U.S.A., issued by or guaranteed as to principal and interest by the U.S. Government and supported by the full faith and credit of the United States.

United States Government Agency Securities: Debt securities issued by the Government Sponsored Enterprises, Federal Agencies and certain **international institutions** which are not direct obligations of the United States, but involve US Government sponsorship and are fully guaranteed by government agencies or enterprises, including but not limited to:

- Federal Farm Credit Bank (FFCB)
- Federal Home Loan Bank (FHLB)
- Federal Home Loan Mortgage Corporation (FHLMC)
- Federal National Mortgage Association (FNMA)

Corporate Debt Instruments: All commercial paper and other short-term, unsecured promissory notes issued by corporations or financial institutions including but not limited to Master Notes, Medium-Term Notes, Deposit Notes, Eurodollar Notes and Yankee Notes and bonds. Corporate Debt must have either short term or long-term ratings. At the time of purchase, a security must have at least 2 short-term ratings of A-1 or P-1 or F1 or higher (S&P, Moody's and Fitch, respectively), or at least 2 long-term debt ratings of A, A2, or A or higher (S&P, Moody's, and Fitch, respectively).

Money Market Mutual Funds: Shares of an open-end investment company fund registered under the Investment Company Act of 1940 and rated AAA by at least one major rating agency (S&P, Moody's, or Fitch). The investments of that fund should comply with the SEC regulations under Rule 2a-7 and maintain a constant net asset value, offer daily liquidity and carry an average weighted maturity that does not exceed 90 days. An investment consultant shall routinely evaluate WVA's investment portfolio to ensure its compliance with this Investment Policy.

FDIC Insured Certificates of Deposit: Marketable certificate of deposit (CDs) in separately insured ownership categories of less than \$250,000 each insured by the Federal Deposit Insurance Corporation.

Bank Deposit and Checking Accounts: No limit will be placed on bank deposit or checking accounts as long as they are 100% guaranteed by FDIC coverage. Where FDIC limits expire or are otherwise exceeded, the board will set prudent operating limits in consideration of the overall economic and operating benefits to WVA; credit quality of the bank; and overall risk environment.

Issuer Concentration Limits – In order to provide adequate issuer risk diversification the following issuer limits apply, based on the portfolio size at the time of purchase:

1. No limit on AAA money funds that otherwise meet policy parameters;
2. No limit on US Treasury individual securities;
3. Maximum of 10% individual securities backed by any qualifying Agency issuer; and
4. Maximum of 5% individual securities of any corporate or bank issuer, with a total maximum limit of corporate bond holdings to not more than 50% of the total portfolio..

Benchmarking, Performance, and Communications

The investment performance of the portfolio will be measured and evaluated against an appropriate blend of commonly accepted performance benchmark indexes.

At a minimum, quarterly performance and strategy outlook reviews should be held with the investment manager and the Board or its delegated committee. The investment manager or consultant will provide timely reporting on capital market developments affecting the portfolio and present a course of action if necessary. Investments may be sold prior to maturity due to changes in credit quality, market condition, or for uncertain capital needs; however, prudence and overall caution shall be exercised to minimize any potential losses.

Delegation of Authority

The Board shall be authorized to delegate certain responsibilities to professional experts in various fields to assist WVA in developing an investment strategy aligned with WVA's objectives consistent with UPMIFA. Professionals may include investment management consultants, investment managers, custodians of investments, attorneys, auditors, and any others who may assist WVA in meeting its responsibilities and obligations to prudently administer the investments of WVA. The Board shall engage a qualified investment manager to evaluate performance of the portfolio and support compliance with this Reserves Investment Policy.

Approved and adopted on this ____ day of _____, 2018.

John Sobeck, M.D., Chairman



Board of Directors Retreat

April 6, 2017

Agenda

- Introductions & Overview
- Board Meeting
- Vaccine Hesitancy Panel
 - Dr. Ed Marcuse
 - Dr. Todd Faubion
 - Dr. Doug Opel
- Guest Speaker: Dr. Everett Lamm
- Overview & History of the WVA
- SWOT Analysis
- Current Challenges
- Strategic Planning

Mission Statement

WVA's mission is to facilitate the continuation of universal purchase of childhood vaccines for all the state's children. WVA does this by collecting payments from insurance carriers and third party administrators to cover vaccines administered to privately insured children, and timely remitting those funds to the state for purchase of these vaccines. WVA also has a role under the statute in selecting vaccines made available under the state's universal purchase program.

timeline



Spring/Summer 2009
Legislature cuts vaccine funds for privately insured children. Statewide Immunization Congress explores funding alternatives.

2010
March: House Bill 2551 creates WVA and select per-dosage assessment funding model.
April: \$7.8 million in assessments is prepaid by six health plans to fund WVA startup.
June: WVA Begins remitting funds to state treasurer for purchase of vaccines.

2011
March: WVA completes repayment of \$7.8 million of assessment prepayments
June: State launches program allowing providers to choose vaccine preferences. WVA lowers assessments to CDC contract rates.
July: KidsVax® assumes administrative responsibility for WVA with Margaret Lane as in-state deputy executive director.

2012
February: WVA Board of Directors lowers dosage-based assessment rates for second time.
April: Provider choice program is fully integrated in state's automated vaccine order system.
June: Compliance with dosage-based assessment process passes 94%.

2013
November: A TRICARE Litigation Taskforce is created to collect past due assessments.
- CDC funding changes.
- KeyBank Line of Credit is renegotiated for \$15 million.
- Assessment grid levels increased to 110% of CDC prices.

2014
Special Collections Project begun to address cause of WVA cash shortfall.

TRICARE Litigation Taskforce continues conversations with TRICARE General Counsel in efforts to gain compliance and ongoing participation.

2015
Special Collections Project conducts payer survey
TRICARE Litigation Taskforce
August: Outside Counsel Keith Kemper secures tolling agreement with TriWest.
WVA engages government affairs firm, Crowell & Moring, to pass legislation authorizing TRICARE's participation in universal programs.

2016
September: Special Collections Project concludes.
August: WVA responds to CDC inquiries of DBA.
July: Assessment grid levels increased to 110% of CDC prices.
December: \$15 million LOC paid off.
- Section 719 in the National Defense Authorization Act requiring TRICARE to participate in universal programs.



Then...

- Over 1,200,000 vaccine assessments administered
- Over \$45 million collected from payers
- \$29 million remitted to state to cover all vaccines administered to privately insured children.
- 100% repayment of payer start-up funds

Now...

- Over 7 million vaccine assessments administered since inception.
- Over \$347 million remitted to the state to cover all vaccines administered to privately insured children.

- An estimated 10,000-plus person-hours spent on WVA start-up effort.
 - Just to safeguard the **existing** program that benefited from a federal contract of discounted vaccine prices
- A unique public/private partnership created among the WVA Vaccine Committee, vaccine manufacturers, DOH, and the WVA.
- Exceptional board leadership and participation, free of personal agenda.

Lessons Learned – DOH Perspective

- **Solve problems systematically.** Identify problem, solutions, timeframe, and experts.
- **Involve stakeholders.** Stakeholders must participate at each stage.
- **Attend to all perspectives.** Respect and address widely varying perspectives — private, public, provider, payer, government, citizen.
- **Educate the public.** Take advantage of strategic outreach invitations and opportunities.
- **Don't forget the infrastructure.** Technology, role clarification . . .communication processes . . .all are critical.

Lessons Learned – WVA Perspective

- **Transparency.** Invite all stakeholders to the table.
 - As stated by one board member, “Transparency has served us beautifully.”
- **Problem Resolution.** Quickly identify and openly discuss all problems — from billing errors to data issues — so a plan of resolution can be developed.
- **Trusted Partnership.** Collaborate openly to build trust with key partners.
 - For DOH and WVA, trust and collaboration over months of payment cycles have led to many efficiency controls, such as just-in-time funding of the state account.

- Keep it simple, avoid re-building a whole new, complicated, fragmented, and costly system.
- One single standard of care, all children have access to ACIP universally recommended vaccines.
- Seek to learn from other states, such as those where Universal Purchase programs were ended.
- Model solutions on what we do now, as much as possible.
- Avoid creating hassles for providers, especially small clinics, and parents.
- Avoid having primary care physicians drop out of the vaccination program.
- Equitable sharing of costs, avoid disproportionately burdening any segment of WA's healthcare system (for example, community health clinics).
- Self-funded arrangements should pay their fair share of costs.
- Avoid having people fall through the cracks, including those who aren't covered by Medicaid or plans.
- Continue mechanisms for tracking and monitoring, so as to determine whether immunization rate gets better or worse.
- Track what we paid before and what we pay under the new system.

- Gain TRICARE's ongoing compliance and recover arrears.
- 100% annual implementation of assessment grid.
- Regulatory enforcement of assessment payments.

Looking Ahead

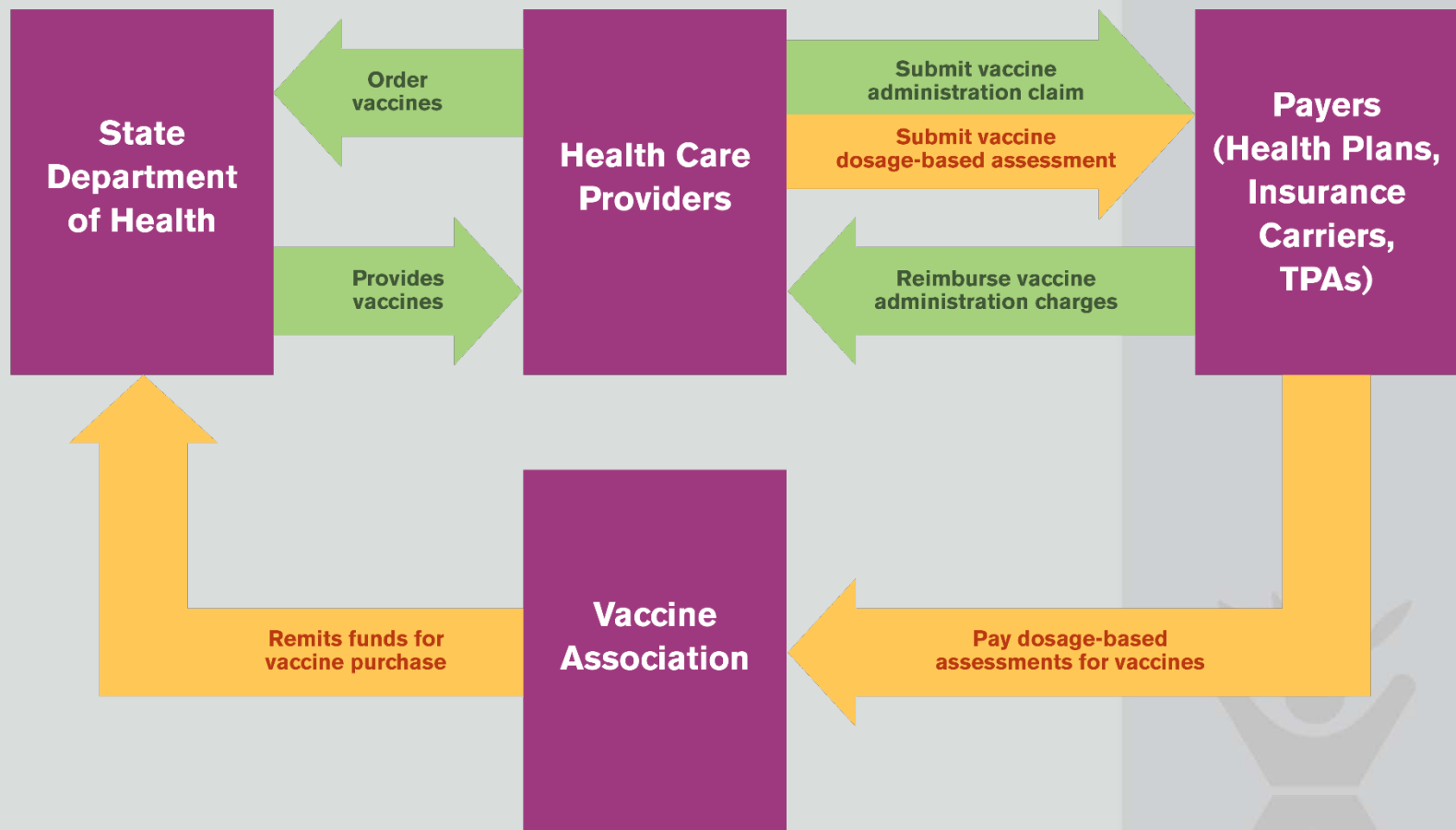
- Vaccine Hesitancy
- Provider-Payer Relations
- Advancing Immunization Rates

Comparison of Per-Capita and Dosage-Base Assessment Collection Methodologies

	Per-Capita			Dosage-Base		
Assessment	Annual or Quarterly			Per Transaction		
Operational Cost	Approximately 1-1.5% of Assessments Collected			Approximately 2-2.5% of Assessments Collected		
Accommodation for Adult	Harder			Easier		
Risk from CDC	Low			Low to Moderate		
Assessment Accuracy	Based on Actuarial Calculations			Based on Transactional Accountability		
Assessment System	Closed			Open		
Leakage	At the payer level			At the Transaction Level or Provider Level		
ERISA Risk	Moderate			Low		
Board Involvement	Moderate			Moderate		

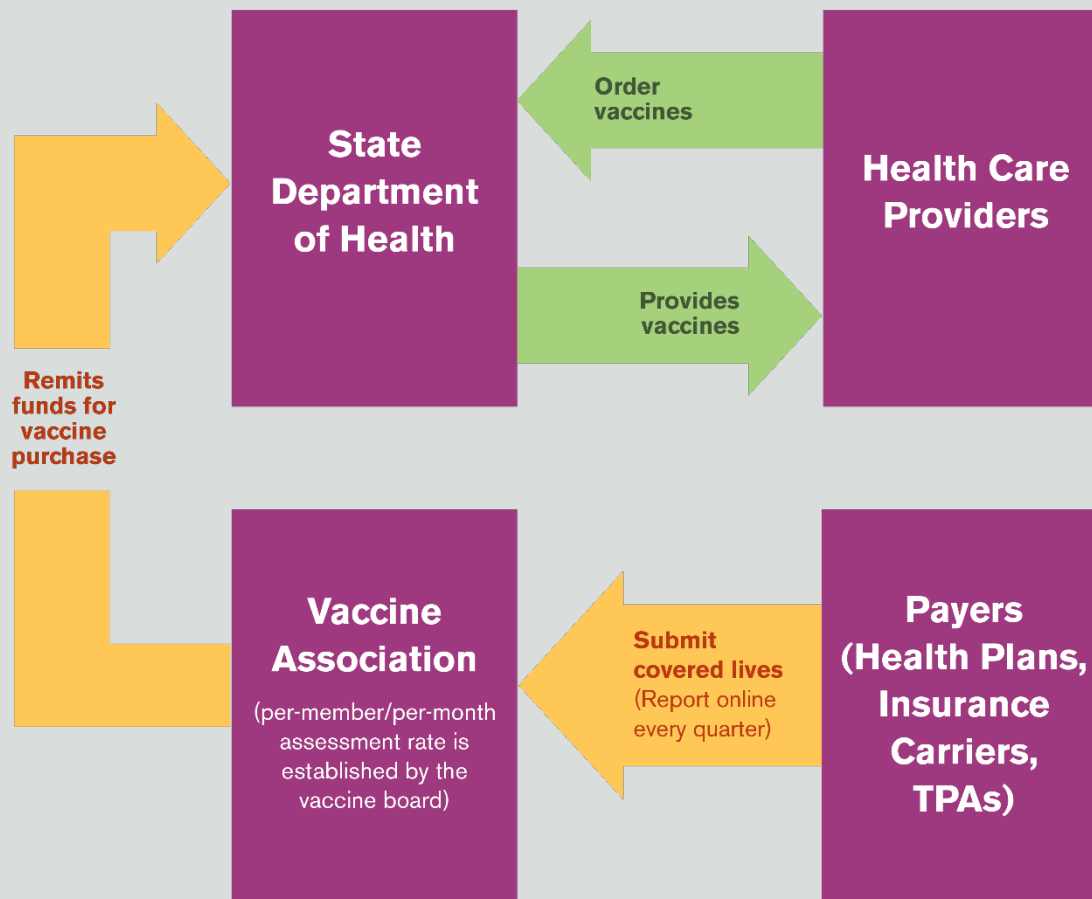
Assessment Collection Methodologies

Dosage-base



Assessment Collection Methodologies

Per-capita





June 20, 2018

Washington Vaccine Association
Board of Directors
PO Box 94002
Seattle, WA 98124-9402

Analysis of Covered Lives Methodology

Dear Directors,

Below is an estimate of the assessment rate if it were calculated on a “covered lives” basis. Several assumptions were made (see below) to build this estimate and could vary significantly in an actual implementation of this methodology.

Number of Covered Children ¹ (2016 Population): 903,800	
Less estimated compliance and population variance +/- 180,760 (+/- 20%)	
a.) Covered Lives Range 730,040 to 1,084,560	
Estimated FY2018-2019 Vaccine costs ²	\$67,573,471
Estimated FY2018-2019 Admin Costs ³	\$501,208
Total Estimated FY2018-2019 Cost	\$68,074,679
Plus, net change in cash reserves ⁴	\$4,600,692
b.) Total FY2018-2019 Cash Requirement	\$72,675,371
c.) Annual assessment per covered life (b/a)	Low: \$67.01 Mid: \$80.41 High: \$99.55
d.) Monthly assessment per covered life (c/12)	Low: \$5.58 Mid: \$6.70 High: \$8.30
Comparisons (annualized):	
Alaska \$103.32	Rhode Island \$145.32
Maine \$99.48	Vermont \$97.80
New Hampshire \$119.40	

Assumptions:

- That the population estimates referenced are accurate for this purpose. KidsVax experience in other states shows that the census data can vary to experience by plus or minus twenty percent, thus the range showed reflects that variation.
- That other ongoing factors are mitigated (TRICARE, collections issues, general compliance, etc.).
- That there would be no lag or startup effect that would significantly impact the cash flows.
- Inventory, utilization of product, and administration would remain constant at current levels

Sources:

- Covered Children: <http://kff.org/other/state-indicator/children-0-18/?currentTimeframe=0#notes>
- Vaccine Costs: WVA annual cash flow projections with input from DOH.
- Admin Costs: WVA annual cash flow projections adjusted for costs not present in a covered lives model.
- Net change in cash reserves are estimated based on current grid and cash flow projections.

Sincerely,

Peter M. Smith
Financial & Internal Control Analyst

cc: Julia Walter, Executive Director





April 6, 2017 WVA SWOT Analysis

Strengths:

1. Collaborative
2. Fiscal health
3. Cost savings
4. Organizational structure
5. Talent
6. Responsive to stakeholders
7. Commitment
8. United provider community
9. KidsVax administration
10. Problem solve
11. Focus on Mission
12. Brand choice
13. No ERISA issues

Weaknesses:

1. Mission: narrow
2. Settlement process: lack of accuracy and administratively cumbersome
3. DBA process: problematic for providers
4. Reactive to issues
5. Maintenance of DBA methodology
6. Invisible to the community and stakeholders

Opportunities:

1. Address the 20% not correctly paying
2. Consider/evaluate the DBA
3. TRICARE
4. Telling WVA's story
5. Strengthen the mission
6. Stakeholder promotion of immunization
7. Collaboration
8. Adult vaccine program

Threats:

1. CDC/ability to purchase off federal contract
2. Pharma
3. Protected Health Information
4. Lack of funding
5. Cost
6. Lack of community awareness
7. Private procurement
8. Communicating cash reserves
9. Communicating new assessment grids

WVA Proposed Strategic Goals

June 28, 2018

- 1. Maintain Payer Equity in the Dosage-Based System**
- 2. Improve Compliance in Known Areas of Leakage in the Dosage-Based System**
- 3. Improve Relationships with Strategic Partner and Stakeholders**
- 4. Continue to Explore Other Opportunities for the WVA to Support and Protect Washington's Universal Purchase Program**



2018 Washington Vaccine Association Directory

As of 03/28/2018

Conference Call information
Conference Line: (267) 930-4000
Conference ID: 103063718

Board of Directors

Payer Representatives

Catherine "Cathy" Falanga
Director of Provider Relations
Aetna Life Insurance Co.

Phone: 206.701.8036
Cell: 206.992.1293
FalangaC@aetna.com

Randy Parker
Carpenters Trusts of Western Washington
2200 Sixth Avenue, Suite 300
Seattle, WA 98121-1839

Phone: 206.441.6514
randyp@ctww.org

John B. Dunn, MD, MPH
Medical Director for Preventative Care
Kaiser Permanente
Capitol Hill Campus
201 16th Ave E (West Bldg) – 3rd Floor
Seattle, WA 98112-5260

Phone: 206.326.3343
dunn.jb@ghc.org

Derek LeBrun
Director, Finance & Risk Adjustment
Coordinated Care

Phone: 503.516.6738
DLEBRUN@coordinatedcarehealth.com
lebrun_derek@yahoo.com

Chad Murphy, Vice President, Pharmacy Contracting & Consulting
Premera Blue Cross
7001 220th St. SW
Mail Stop 316
Mountlake Terrace, WA 98043

Phone: 425.918.3392
Cell:
Chad.Murphy@PREMERA.com
Assistant: Amy Testa
Amy.Testa@PREMERA.com
Phone: 425.918.5499

John Sobeck, MD
PNW Market Medical Executive
Cigna
701 Fifth Avenue, Suite 4900
Seattle WA 98104

Phone: 206.625.8861
john.sobeck@cigna.com
Assistant: Kayla Campbell
Mikaela.Campbell@Cigna.com
Phone: 206.539.4876
Fax: 855.712.7230



Laura McKenna, CPHT

Clinical Pharmacy Project Coordinator
The Regence Group-Healthcare Services
Seattle/Tacoma
1800 Ninth Ave., M/S S425
Seattle, WA 98101

Phone: 253.370.2103

Laura.McKenna@regence.com

Assistant:

Self-Funded Employer Representative

Jason A. Farber

Davis Wright Tremaine LLP
1201 Third Ave., Suite 2200
Seattle, WA 98101

Phone: 206.757.8041

Cell: 206.604.0399

jasonfarber@dwt.com

Assistant: Natasha Hovanski

natashahovanski@dwt.com

Phone: 206.757.8505

Physician Representatives

Beth Harvey, MD

South Sound Pediatric Associates
3516 12th Ave. NE
Olympia, WA 98506

Phone: 360.456.1600

Cell: 360.561.9125

betheharvey@comcast.net

Ed Marcuse, MD, MPH, FPIDS

Emeritus Professor of Pediatrics
University of Washington
9515 Northeast Shipping Lane
Kingston, WA 98346

Phone: 360.638.2588 (Home)

Cell: 206.660.1132

ekmarcuse@gmail.com

Government Representatives

Michele Roberts, MPH, MCHES

Director, Office of Immunization and Child Profile
Washington State Dept. of Health
PO Box 47843
Olympia, WA 98504

Phone: 360.236.3568

Cell: 360.791.6724

Fax: 360.236.3590

michele.roberts@doh.wa.gov

Assistant: Cicely Bacon

cicely.bacon@doh.wa.gov

Non-Voting Vaccine Committee Members

Appointed by the Board of Directors to the Vaccine Committee



SheAnne Allen

Vaccine Management Section Manager
Washington State Dept. of Health
PO Box 47843
Olympia, WA 98504

Phone: 360.236.3578

Sheanne.allen@doh.wa.gov

Vaccine Manufacturer Representative

Jeff Gombosky

Non-voting Vaccine Committee member
Representative to Committee under HB 2551 sec.
5(1)

jeffgombosky@gmail.com

Volunteer Vaccine Committee Member

Mary Kay O'Neill, MD, MBA

Partner
Mercer
1305 5th Avenue, Suite 1900
Seattle, WA 98101

Phone: 206.214.3503

Fax: 201.214.3501

Mary.Kay-ONeill@mercer.com

Assistant: Colleen Hale

Colleen.Hale@mercer.com

Phone: 206.214.3631

Operations Committee Only Members

Aetna

Susan Comer

Aetna

ComerS@Aetna.com

Cigna

Joshua Walker

Cigna

Joshua.Walker@cigna.com

Kaiser Permanente

Maureen Brooks

Kaiser Permanente

brooks.ma@ghc.org

Tammy Blair

Kaiser Permanente

blair.t@ghc.org



Premera

Chad Murphy

VP of Pharmacy, Contracting, & Consulting
Premera Blue Cross

chad.murphy@premera.com

Tom Messick

Vice President & General Manager
Premera Blue Cross

Providence

Angela Wilson

Providence

Bill Wong

Sr. Coding/Compliance Auditor/Educator
Providence Health & Services
2201 Lind Ave, SW, Suite 200
Renton, WA 98057

Phone: 425-525-6719

Fax: 425-917-4055

William.Wong@providence.org

Lisa Johnson

Providence

lisa.johnson@providence.org

Regence BlueShield

Walter Kuiee

Project Manager
Regence BlueShield
1800 9th Avenue, M/S S365
Seattle, WA 98101

Phone: 206.332.6486

Walter.Kuiee@regence.com

United Healthcare

Brandon Jensen

Network Account Manager
United Healthcare, Physician Contracting
1111 3rd Avenue
Seattle, WA 98101

Phone: 206-926-6520

brandon.jensen@uhc.com

Stephanie Crook

Provider Relations Consultant NW Region
United Healthcare
1111 3rd Avenue
Seattle, WA 98101

Phone: 952.406.3394

stephanie_p_crook@uhc.com

Zenith American Solutions



Jeri Trice

Client Services Executive

Zenith American Solutions

201 Queen Anne Avenue North, Suite 100

Seattle, Washington 98109-4896

Phone: 206.284.5387 VoIP 475387

Cell: 206 276-7252

Fax: 206.285.1701

jtrice@zenith-american.com

Outside Professionals

Allen D. Gilbert, CPA

Audit Manager

CliftonLarsonAllen

3000 Northup Way, Suite 200

Bellevue, WA 98004-1446

Phone: 425.250.6022

Fax: 425.250.6050

allen.gilbert@cliftonlarsonallen.com

Anne Redman

Outside Legal

Perkins Coie LLC

1201 Third Ave., Suite 4900

Seattle, WA 98101-3099

Phone: 206.359.6750

Fax: 206.359.7750

aredman@perkinscoie.com

Assistant: Cindy Hanna

CHanna@perkinscoie.com

Lisa Cargill

Senior Account Director

Desautel-Hege Communications

315 W. Riverside Avenue, Suite 200

Spokane, WA 99201

Phone: 509.444.2350

Cell: 509.290.2967

lisac@desautelhege.com

Matthew O'Haren

Investment Manager

Morgan Stanley Smith Barney

555 California St., 35th FL

San Francisco, CA 94104

Phone: 415.955.1577

matthew.j.oharen@mssb.com

Polly Sidwell

Investment Manager

Morgan Stanley Smith Barney

601 Union St., Suite 5200

Seattle, WA 98101

Phone: 206.628.4885

polly.j.sidwell@mssb.com

KidsVax®WVA Executive Director:

Julia G. Walter Zell
CEO, Northwest Region
2025 First Ave.
Market Place Tower – PH-A
Seattle, WA 98121

Phone: 855.556.4104
Cell: 206.735.2233
jzell@kidsvax.org

WVA Support Staff:

Claire Roberge
Controller
PO Box 1885
Concord, NH 03302-1885

Phone: 855.556.4102
croberge@kidsvax.org

Fred L. Potter
Advisor
PO Box 1885
Concord, NH 03302-1885

Phone: 855.556.4101
Cell: 603.491.2389
fpotter@kidsvax.org

Nicole G. Price
CEO, Northeast Region
PO Box 1885
Concord, NH 03302-1885

Phone: 855.543.7829
Cell: 844.459.9102
nprice@kidsvax.org

Heather Veen
Sr. Executive Assistant, Paralegal
PO Box 1885
Concord, NH 03302-1885

Phone: 855.556.4103
Cell: 603.344.7051
hveen@kidsvax.org

Charlene Stryker
Executive Assistant
PO Box 1885
Concord, NH 03302-1885

Phone: 855.556.4106
cstryker@kidsvax.org

Norm Roberge, CPA
Assessment Monitoring and Internal Control
PO Box 1885
Concord, NH 03302-1885

Phone: 603.496.7907
nroberge@kidsvax.org

Peter Smith, CPA
Financial Analyst
7856 Rysdale St.
Niagara Falls, Ontario, Canada L2H 1G4

Phone: 703.598.9975
psmith@kidsvax.org



SolutionWorx

IT Services

Mike Mazan

Kevin Sparger

Ryan Cich

Phone: 703.961.1840 x115

mmazan@solutionworx.com

Others

Meghan Crandall

Kick Spark Creative LLC

10728 20th Ave NE

Seattle, WA 98125

Phone: 206.417.8989

m@kicksparkcreative.com

Terese "Terri" Ristem

Advanced Medical

290 Broadway, Suite 395

Methuen, MA 01844

Tel: 978.683.5115

Cell: 978.423.1269

Fax: 978.683.7337

Timothy Mansfield

Vice President & Senior Relationship Manager

Key Bank

Mailcode: WA-31-01-0210

1101 Pacific Avenue 2nd Floor

Tacoma, WA 98402

Phone: 253.305.7387

Cell: 253.686.1186

Provider Relations

Aetna

Catherine "Cathy" Falanga

Director of Provider Relations

Aetna Life Insurance Co.

Phone: 206.701.8036

Cell: 206.992.1293

FalangaC@aetna.com

Cigna

TBD

Kaiser Permanente

TBD

Premiera

TBD



Providence

TBD

Regence BlueShield

Linda Proett

Director of Provider Relations, WA Market
Regence BlueShield

Phone: 253.382.7108

Linda.Proett@regence.com

United Healthcare

Stephanie Crook

Provider Relations Consultant NW Region
United Healthcare
1111 3rd Avenue
Seattle, WA 98101

Phone: 952.406.3394

stephanie_p_crook@uhc.com



Board Governance Roles & Committees

Executive Committee

Chair & President: John Sobeck, MD
Vice-Chair: Beth Harvey, MD
Treasurer: Derek LeBrun
Secretary: Ed Marcuse, MD
Members: Michele Roberts

Audit Committee

Chair: John Sobeck, MD
Members: Derek LeBrun
Jason Farber

Vaccine Committee

Chair: Ed Marcuse, MD
Members: John Dunn, MD
Michele Roberts
Mary Kay O'Neill, MD (*public member*)
Volunteer Member:
Non-Voting Members: Sheanne Allen, Ex-Officio
Jeff Gombosky, *representative to Committee under HB 2551 sec. 5(1)*

Vaccine Committee Consultants

Chad Murphy, PharmD	chad.murphy@premera.com
Jeffrey Duchin	jeff.duchin@kingcounty.gov
John Dunn, MD	dunn.jb@ghc.org
Lisa Johnson, MD	lisa.johnson@providence.org
Rachel Wood, MD	Rachel.Wood@lewiscountywa.gov ; woodr@co.thurston.wa.us

Operations Committee

Chair:	Julia Walter Zell	
Members:	DOH – Michele Roberts	Providence – Angela Wilson
	DOH – Sheanne Allen	Providence – Bill Wong
	Aetna – Catherine “Cathy” Falanga	Providence – Lisa Johnson
	Aetna – Susan Comer	Regence – Walter Kuiee
	Cigna – Joshua Walker	United Healthcare – Brandon Jensen
	Kaiser Permanente – Maureen Brooks	United Healthcare – Stephanie Crook
	Kaiser Permanente – Tammy Blair	United Healthcare – Trevor Hammond
	Premera – Chad Murphy	Zenith Administrators – Jeri Trice
	Premera – Tom Messick	

WASHINGTON VACCINE ASSOCIATION
Governing Statutes under the Revised Code of Washington

TABLE OF CONTENTS

RCW 70.290.010 – .900. Washington vaccine association.....	1
RCW 43.70.720. Universal vaccine purchase account.....	8
RCW 48.43.690. Assessment under RCW 70.290.040 considered medical expenses.....	8
RCW 82.04.640. Exemption – Washington vaccine association.....	8

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 RCW 70.290.075.
- (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 70.290.050. 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 70.290.075. Third-party administrators—Registration and reporting

(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 70.290.080. 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.

2018 WVA Corporate Governance Calendar

(Board Meeting and Committee Meeting Schedules)

Month	Board Planning Meeting 2-3:30 PM (Held if needed)	Board Meeting 2-4 PM	Vaccine Committee 12:30-1:30 PM	Audit Committee 3-4 PM	Operations Committee 12:30-1:30 PM
January					
February				X February 22	
March	X March 15				
April		X April 5	X April 5		
May				X May 24	X May 3
June	X June 7	X June 28			
July					
August					
September				X September 6	
October	X October 18				X October 11
November		X November 8	X November 8		
December					

***All times are Pacific Standard Time**

- In-person WVA Board meetings are from 2:00 – 4:00 PM at the offices of Ellis, Li & McKinstry, generally on Thursdays.
- A written annual report may serve in lieu of an annual meeting of members. (Bylaws section 4.2)
- Officers are elected for 1-year terms at the annual meeting of the Board (Bylaws section 6.1)
- Committees may adjust their scheduled meeting dates or times for the convenience of their members.

WVA Audit Committee Meeting
June 28, 2018
Proposed Form of Votes

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors. All board policy and the final form of votes is exclusively the province of the Board acting collectively as a Board of Directors.

Item(s) under Agenda Section 2:

VOTED: To Approve the minutes of the February 16, 2018 WVA Special Purpose Board meeting.

[To Approve the minutes of the February 16, 2018 WVA Special Purpose Board meeting with the changes suggested at the meeting.]

VOTED: To Approve the minutes of the April 5, 2018 WVA Board meeting.

[To Approve the minutes of the April 5, 2018 WVA Board meeting with the changes suggested at the meeting.]

VOTED: To Approve the minutes of the April 5, 2018 Vaccine Committee meeting.

[To Approve the minutes of the April 5, 2018 Vaccine Committee meeting with the changes suggested at the meeting.]

VOTED: To Approve the minutes of the May 3, 2018 Vaccine/Operations Committee meeting.

[To Approve the minutes of the May 3, 2018 Vaccine/Operations Committee meeting with the changes suggested at the meeting.]

VOTED: To Approve the minutes of the May 30, 2018 Audit Committee meeting.

[To Approve the minutes of the May 30, 2018 Audit Committee meeting with the changes suggested at the meeting.]

Item under Agenda Section 3:

VOTED: To Approve the TRICARE Settlement for the period of October 1, 2017 through March 31, 2018 and to Authorize the Chair or Vice-Chair to sign the Payment Acceptance Form WVA's behalf.

[To Approve the TRICARE Settlement for the period of October 1, 2017 through March 31, 2018 and to Authorize the Chair or Vice-Chair to sign the Payment Acceptance Form WVA's behalf with the changes suggested at the meeting.]

VOTED: To Authorize a one-time catch-up payment to KV for amounts owed through June 2018.

[To Authorize a one-time catch-up payment to KV for amounts owed through June 2018 with the changes suggested at the meeting.]

VOTED: To Accept the proposed 2018/19 KV Performance Goals.

[To Accept the proposed 2018/19 KV Performance Goals with the changes suggested at the meeting.]

VOTED: To Adopt the WVA Communications Plan.

[To Adopt the WVA Communications Plan with the changes suggested at the meeting.]

Item(s) under Agenda Section 4: [Board Only]

VOTED: To Set the Board-designated performance award to KidsVax® for the 17/18 operating year at \$_____ and to authorize payment at this time.

[To Set the Board-designated performance award to KidsVax® for the 17/18 operating year at \$_____ and to authorize payment at this time with the changes suggested at the meeting.]

VOTED: To Authorize the Executive Committee to modify the KV Administrative Service Agreement.

[To Authorize the Executive Committee to modify the KV Administrative Service Agreement with the changes suggested at the meeting.]

VOTED: To Authorize the Executive Committee to approve a new Independent Contractor Agreement with J. Zell as the WVA ED.

[To Authorize the Executive Committee to approve a new Independent Contractor Agreement with J. Zell as the WVA ED with the changes suggested at the meeting.]

VOTED: To Authorize the Executive Committee to obtain the advice of counsel concerning the two agreements referenced items in this section 4.

[To Authorize the Executive Committee to obtain the advice of counsel concerning the two agreements referenced items in this section 4 with the changes suggested at the meeting.]

VOTED: To Authorize John Sobeck, Chair or Beth Harvey Vice-Chair to execute on WVA's behalf the two agreements referenced in this section 4.

[To Authorize John Sobeck, Chair or Beth Harvey Vice-Chair to execute on WVA's behalf the two agreements referenced in this section 4 with the changes suggested at the meeting.]

Item under Agenda Section 7:

VOTED: To Authorize the Executive Committee to finalize the 2018-19 WVA Operations Budget.

[To Authorize the Executive Committee to finalize the 2018-19 WVA Operations Budget with the changes suggested at the meeting.]

VOTED: To Approve changes to Audit Committee Charter.

[To Approve changes to Audit Committee Charter with the changes suggested at the meeting.]

VOTED: To Adopt the Capital Reserve and Investment Policy.

[To Adopt the Capital Reserve and Investment Policy with the changes suggested at the meeting.]

Item(s) under Agenda Section 8:

VOTED: To Approve the WVA's Strategic Goals.

[To Approve WVA's Strategic Goals with the changes suggested at the meeting.]

Item(s) under Agenda Section 8:

VOTED: To Approve WVA Strategic Goals.

[To Approve WVA Strategic Goals with the changes suggested at the meeting.]

**Directions to Elis, 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