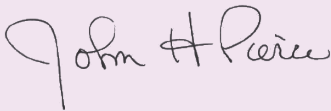


Dear Friends and Colleagues,

I'm passionate about the mission of the Washington Vaccine Association (WVA) and I was eager to join as Board Chair this February. Childhood vaccination saves lives, and funding is a critical link in the chain to get kids in our state vaccinated. WVA's laser focus on collecting funds from health plans, insurers and third-party administrators is a fundamental pillar supporting the state Department of Health's universal purchase of childhood vaccines. I am proud to say this one-of-a-kind public-private partnership is functioning better than ever.

Join me in thanking the efficient, dedicated board that collaborates and problem solves on your behalf with finesse. I also tip my hat to Janna Bardi, former Immunization Director at the Department of Health, who was instrumental in our formation and has moved on to a new role within the Department. The same goes for Brian Ancell who served as Board Chair for the first four years of WVA's existence.

Thank you for supporting WVA and Washington's system to vaccinate kids. If you want to know more or get involved, reach out.



John Pierce, Board Chair
Senior VP and General Counsel
Premera Blue Cross

Stable Childhood Vaccine Funding System

Since 2010, the Washington Vaccine Association (WVA) has facilitated the state purchase of vaccines for all children in Washington regardless of their insurance status. With funding from dosage-based assessments (DBA), the WVA remits payments to the state for the purchase of childhood vaccines, supporting the universal purchase program that ensures all kids have access to vaccines.

A Powerful Model

Vaccine costs continue to rise nationally. The stabilization of vaccine funding is critical to improving Washington's childhood immunization rates. Our model has powerful benefits:

Providers save money. Instead of fronting significant dollars to keep vaccines on hand, providers get and give vaccines without charge and use their existing billing systems to support WVA's collection of the assessments.

Storage and ordering are easy. Clinic staff isn't forced to navigate complex ordering or separate storage for vaccines based on who paid for them or who they will immunize.

Families get better care. Providers can focus on patient needs and get kids vaccinated.

And, the model is working! Vaccine is available to all children at no cost and providers have what they need to immunize children. Immunization rates in our state are also improving, 71% of toddlers received recommended vaccines, but there is still work to do. As we enter our fifth year, compliance with the assessment process from both payers and providers is nearly perfect (99% and 95% respectively).

A Banner Year in Washington

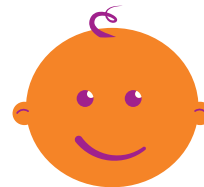


**925,000
DOSES**
of vaccine supplied

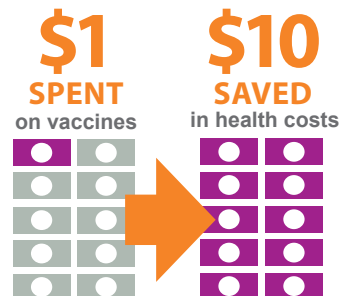


Percent of toddlers that received the recommended series of vaccines

**735,000
CHILDREN**
were vaccinated



**\$19.9
MILLION** saved by WVA in vaccine costs



SOURCES:
Economic Evaluation of the Routine Childhood Immunization Program in the United States (2009), Centers For Disease Control and Prevention, <http://pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-0698.full.pdf+html>

National Immunization Survey, Centers for Disease Control & Prevention, <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/index.html>

Washington State Department of Health, <http://www.doh.wa.gov/YouandYourFamily/Immunization>

Peter Smith, Financial Analyst
Report, www.wavaccine.org/savings/2014

Operations Update

Washington is one of four states with an effective public-private vaccine funding program administered by KidsVax.org®. These 2013–14 successes and improvements illustrate the strength of the health care providers', payers' and the Washington State Department of Health's collaboration, and WVA's commitment to our state's children:

Assessment grid is stable. The grid was last updated in December 2013. It will not be updated again until 2015.

Cost recovery is better. Working alongside cost-recovery experts, WVA is helping providers submit assessments accurately so payers can pay assessments on time.

Registration system is easier. All third-party administrators can now register online, directly with WVA, using a simple, free, one-time system.

Compliance is near-perfect. 99% of payers and 95% of providers are fully compliant with the system. WVA consistently pursues non-compliant entities to assure that costs are covered fairly.

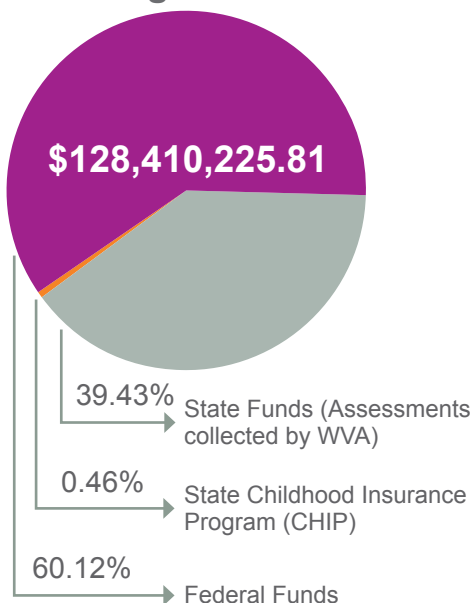
Board continues strong leadership. John Pierce of Premera joined as board president, replacing Brian Ancell who served in that role for four years including during WVA's formation and early success. Jay Fathi, President and CEO of Coordinated Care and John Sobeck, PNW Market Medical Executive of Cigna also joined this year. And Michele Roberts replaces Janna Bardi, representing the Department of Health.



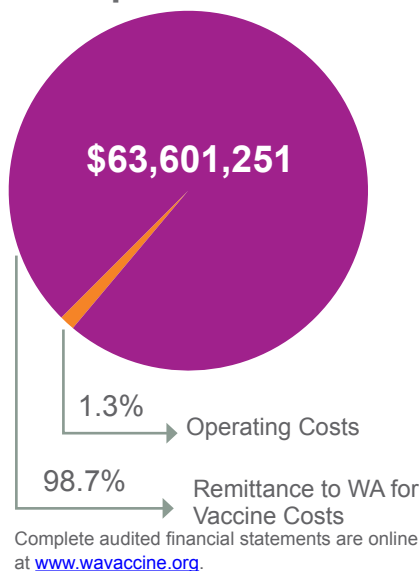
FINANCIALS

July 1, 2013 – June 30, 2014

WA Childhood Vaccine Funding Sources



WVA Program Expenditures



WVA Board of Directors

John Pierce, Esq.
Senior VP and General Counsel, Premera Blue Cross

Mary Kay O'Neill, MD
Executive Medical Director, Washington, Regence BlueShield

Norman Seabrooks
President Northwest Market, Aetna Life Insurance Company

Beth Harvey, MD
Pediatric Associates

Dennis Kirkpatrick
CEO, Welfare & Pension Administration Service, Inc.

Edgar Marcuse, MD, MPH
Emeritus Professor of Pediatrics, University of Washington

Allene Mares, RN, MPH
Assistant Secretary Prevention and Community Health Division, Washington State Department of Health

Suzanne Daly
VP of Network Services & Provider Relations, Group Health Cooperative

Jason Farber
Partner, Davis Wright Tremaine LLP

John Sobeck, MD
PNW Market Medical Executive, Cigna

Jay Fathi, MD
President and CEO, Coordinated Care

WWW.WAVACCINE.ORG

ADMINISTRATOR:



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