

# NHVA Online Assessment Tool Instructions

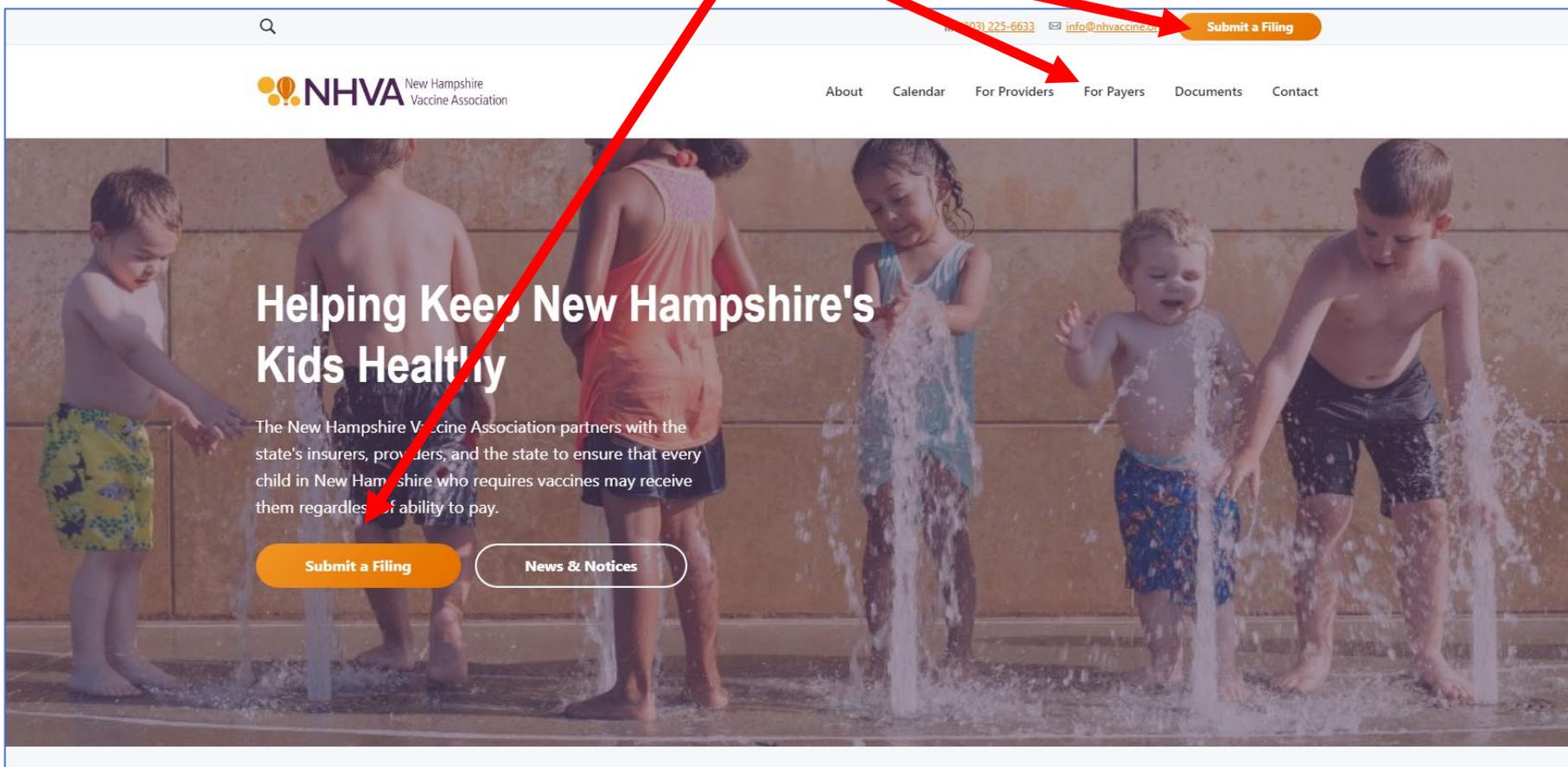
July 7, 2023

# Introduction

NHVA is pleased to provide these instructions for the Online Assessment Tool. This tool is used for the submission of the required quarterly assessment report and payments.

This slide deck contains screenshots of the website pages, and all instructions are in red text with a red outline. Arrows are also used for visual reference.

To begin, please go to the NHVA home page: <https://nhvaccine.org/> and click on either of the “Submit a Filing” orange buttons or the “For Payers” link on the top navigation.



### Online Assessment Tool

EIN:  -

Password:

Login

EIN registered, but [forgot password?](#)

First time users, [register here](#).

Need [assistance](#) logging in?

New Hampshire Vaccine Association • 1 Pillsbury St, Ste 200 • Concord, NH 03301-3570  
Tel: 603-225-6633 • Fax: 603-225-4739 • [www.nhvaccine.org](http://www.nhvaccine.org) • [info@nhvaccine.org](mailto:info@nhvaccine.org)  
© 2002-2018

If this is the first time you have logged into the website since September 1, 2018, you will need to register your company on the site.

 **NHVA** New Hampshire  
Vaccine Association

**Online Assessment Tool**

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### NHVA Online Assessment Tool Registration

Federal EIN:  -  (format: xx-xxxxxxx)

Payer Name:

Address 1:

Address 2:

City:

State: AK ▾

Zip:

NAIC #:

Group #:

E-Mail Address:

New Password:

Confirm Password:

Password Requirements:

- Be at least 6 - 20 characters long
- not contain spaces

Must contain at least 3 or out of the 4:

- Upper case
- Lower case
- Number
- Special Character

Upon submitting this registration form, the application will be reviewed by one of our staff members. Once approved, you will receive an email notifying you that the account is available for use. This process is normally completed within 1 business hour.

For new registrations, complete the form and submit it. Once approved you will receive an email notifying you that the account is available to use.

## Online Assessment Tool

Once you have registered and have received confirmation from the Administrator, enter your company EIN and Password and then click the "Login" button to begin.

EIN:  -

Password:

[Login](#)

EIN registered, but [forgot password](#)?

First time users, [register here](#).

Need [assistance](#) logging in?

[Change PWD](#)[Logout](#)

## NHVA Online Assessment Tool

Welcome to the New Hampshire Vaccine Association (NHVA) online assessment tool.

NHVA is a not-for-profit voluntary corporation that works to improve access to childhood vaccines while lowering health care costs. NHVA funds New Hampshire's universal vaccine purchasing program through a cooperative approach involving insurers, health care providers, and the New Hampshire Departments of Insurance and Health and Human Services.

NHVA was formed pursuant to New Hampshire Revised Statutes Annotated (RSA) [Chapter 126-Q](#). This law became effective June 17, 2002, and NHVA was incorporated in November 2002. In 2013, the New Hampshire legislature revised RSA 126-Q to ensure that assessments are shared equitably among payers.

As required by RSA 126-Q, assessable entities must file a quarterly assessment reporting the number of New Hampshire child covered lives and remit applicable payment due within 45 days of the end of each quarter (i.e., by February 15, May 15, August 15, and November 15).

This assessment filing satisfies reporting requirements for the NH Vaccine Association. If payment is due, the required payment may be sent by Electronic Funds Transfer (EFTs), which is the preferred method, or by mailing a check.

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## Payer Information

Payer Name:

Address 1:

Address 2:

City:

State:

Zip:

NAIC #:

Group #:

Federal EIN:  -

This screen shows the current payer information on file and allows changes to be made and submitted. If there are no changes, click the "Next >>" button.

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## Administrative Contact Information

First Name:

Last Name:

Title:

Phone:

Fax:

Email:

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This screen shows you the current Administrative Contact on file and allows changes to be made and submitted. If there are no changes, click the "Next >>" button.

The Administrative Contact is the person responsible for submitting the filing.

Change PWD

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## Executive Contact Information

First Name:

Last Name:

Title:

Phone:

Fax:

Email:

This screen shows the current Executive Contact on file and allows changes to be made and submitted. If there are no changes, click the “Next >>” button.

The Executive Contact is optional and may or may not be the same as the Administrative Contact.

*We strongly encourage entering an Executive Contact so there is more than one person on file in case of employee turnover.*

Change PWD

Logout

## Reporting Period Summary

Year	Quarter	Status
2018	1	Submitted

This screen shows the current year and quarter submission status.

### Filing Guidelines:

All assessable entities must file quarterly and remit applicable payment due within 45 days of the end of each quarter (i.e., by February 15, May 15, August 15, and November 15).

If you report zero child covered lives the first quarter, you need not file again for the remainder of the calendar year, assuming you do not have lives to report. For entities that will never have any covered child lives, a [Permanent Zero Covered Lives Report](#) can be filed in lieu of submission of yearly quarter one filings. If you have covered lives to report in any quarter, you are required to file for each of the four quarters.

Submit today for:

Select the current quarter in which you are submitting and click "Next >>".

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NOTE: The "Permanent Zero Covered Lives Report" is shown on the next slide.

This form is what appears when clicking the hyperlink on the prior screen.

It should only be completed if your entity will never have any child covered lives. If completed and submitted to NHVA, you will receive confirmation from NHVA advising you that you will not need to complete the quarterly assessment filings for the next two years. We encourage you to update the Certificate every two years. And, NHVA reserves the right to confirm this status has not changed every two years.



**PERMANENT ZERO COVERED LIVES CERTIFICATE**

Under penalty of perjury, I certify with respect to the following entity:

Assessable Entity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Federal EIN:   -

The following facts:

1. The entity has zero child covered lives under the applicable statute (NH RSA 126-Q).
2. The entity's business is such that it expects never to have such lives to report.
3. In the event that the entity does have child covered lives in the future, it will timely complete and file quarterly assessments including remitting applicable payments as required by the New Hampshire Vaccine Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Once completed, please fax (603) 225-4739 or email to [emeagher@helmsco.com](mailto:emeagher@helmsco.com) at the New Hampshire Vaccine Association. You will receive confirmation when your file is updated.

***Please note, it is the responsibility of the Assessable Entity to ensure a current Certificate is on file with the NHVA to participate in this program. Certificates remain in effect for two years only.***

Change PWD

Logout

## Assessment Worksheet

Please enter the number of New Hampshire resident child covered lives in the grid below. Be sure to count all children under age 19 that are residents in the State of New Hampshire.

**Please Note:**

\* The category headings and explanatory comments below are for the convenience of the reporting entities only. All assessment and reporting obligations are governed by the provisions of [NH RSA 126-Q](#) which supersedes any inconsistent headings or comments below.

Payer	EIN	Qtr	Year	Totals
Helms	11-9999999	2	2018	
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Sum for Quarter</b>
1. Number of New Hampshire resident child covered lives	<input type="text" value="200"/>	<input type="text" value="225"/>	<input type="text" value="225"/>	<b>650</b>
2. Total Assessment		Row 1 x \$6.70:		\$4,355.00
3. Interest owing on current assessment payment		Row 2 x 0.000493 x 40 days beyond payment due date (8/15/2018):		\$85.88
<b>4. Total Assessment Due:</b>		Row 2 + 3:		<b>\$4,440.88</b>

In the green line, enter in the child covered lives by month for the quarter you are filing for. Click the "Update Totals" button and then the "Next >>" button.

Update Totals

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## Variance Explanation

The number of lives reported this quarter vary by more than 5% from last quarter. Please provide an explanation:

Lives increased due to increased group sales.

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This screen will only appear if there is more than a 5% variance from the previous quarter's reporting. In that case, enter in an explanation for the variance, then click the "Next >>" button."

[Change PWD](#)

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## Additional Questions

Yes No N/A

1. Have you identified the correct quarter for assessment?
2. Have you reported all New Hampshire resident child covered lives for which your company is responsible?

Please explain the reason(s) for any "No" answer above:

Answer each of the additional questions with the radio buttons.

Indicate your form of payment and click the "Next >>" button.

How will payment be submitted?

- I anticipate payment will be submitted via EFT (preferred method)
- I anticipate payment will be submitted via check
- No payment is due with this filing

*EFT payment is preferred and NHVA is happy to complete any "set up" forms that your company may require.*

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## Summary

Today's Date: 9/24/2018

Payer Name: Helms  
Federal EIN: 11-9999999

Apr lives: 200

May lives: 225

Jun lives: 225

Total 2018 Q2 lives: 650

This is the summary of the covered lives entered for the quarter as well as the total due and how to make payment. Click "Submit & Print" button to continue.

**Total Due to the New Hampshire Vaccine Association (NHVA): \$4,440.88**

EFT routing number and mailing address are provided on the next page.

Note: The NHVA taxpayer ID is 75-3086725. A W-9 to the NHVA is available at [www.nhvaccine.org](http://www.nhvaccine.org).

Once you have verified all of your information, click "Submit & Print". Clicking on this button will submit your report. You will not be able to make any changes to this report through this website once it has been submitted. If you need to make a change after submitting a report, please send an email with your request to [info@nhvaccine.org](mailto:info@nhvaccine.org), and we will assist you.

[<< Back](#)[Submit & Print](#)

**Print**

Total: **2 sheets of paper** (3 pages)

---

Destination  TOSHIBA Universal Prin...

Pages  All  
 e.g. 1-5, 8, 11-13

Copies

Layout

Color

Options  Two-sided

[+ More settings](#)

Print using system dialog... (Ctrl+Shift+P)

9/24/2018 <https://assessment.nhvaccine.org/Report.aspx>



New Hampshire Vaccine Association

**Online Assessment Tool**

Welcome, Patrick Helms

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**Report Submitted**

**NEW HAMPSHIRE VACCINE ASSOCIATION ASSESSMENT**  
**Quarterly Report of Covered Lives and Assessment Payment**

Welcome to the New Hampshire Vaccine Association (NHVA) online assessment tool.

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**Payer Information**

Name:	Helms		
Address 1:	1 Pillsbury Street		
Address 2:	Suite 200		
City:	Concord	State:	NH Zip: 03301
NAIC #:		Group #:	
Federal EIN:	11-9999999		

**Administrative Contact Information**

Name:	Patrick Miller	Title:	Self
Phone:	603-555-1212	Fax:	603-555-1212
Email:	pmiller@helmsco.com		

**Executive Contact Information**

Name:	Patrick Miller	Title:	Self
Phone:	603-555-1212	Fax:	603-555-1212
Email:	pmill@nhvaccine.org		

A print dialog box will pop up after clicking the "Submit & Print" button on prior slide. You will also receive an email of this receipt.

<https://assessment.nhvaccine.org/Report.aspx>

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[Change PWD](#)

[Logout](#)

## Report Submitted



[Print Remittance Form](#)

### **NEW HAMPSHIRE VACCINE ASSOCIATION ASSESSMENT** **Quarterly Report of Covered Lives and Assessment Payment**

Welcome to the New Hampshire Vaccine Association (NHVA) online assessment tool.

NHVA is a not-for-profit voluntary corporation that works to improve access to childhood vaccines while lowering health care costs. NHVA funds New Hampshire's universal vaccine purchasing program through a cooperative approach involving insurers, health care providers, and the New Hampshire Departments of Insurance and Health and Human Services.

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#### **Payer Information**

Name:	Helms				
Address 1:	1 Pillsbury Street				
Address 2:	Suite 200				
City:	Concord	State:	NH	Zip:	03301
NAIC #:		Group #:			
Federal EIN:	11-9999999				

#### **Administrative Contact Information**

Name:	Patrick Miller	Title:	Self
Phone:	603-555-1212	Fax:	603-555-1212
Email:	pmiller@helmsco.com		

#### **Executive Contact Information**

Name:	Patrick Miller	Title:	Self
Phone:	603-555-1212	Fax:	603-555-1212
Email:	pmill@nhvaccine.org		

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pages that  
print.

**Please Note:**

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	<b>Payer</b> Helms	<b>EIN</b> 11-9999999	<b>Qtr</b> 2	<b>Year</b> 2018	<b>Totals</b>
		Apr	May	Jun	Sum for Quarter
1.	Number of New Hampshire resident child covered lives	200	225	225	650
2.	Total Assessment			Row 1 x \$6.70:	\$4,355.00
3.	Interest owing on current assessment payment			Row 2 x 0.000493 x 40 days beyond payment due date (8/15/2018):	\$85.88
<b>4.</b>	<b>Total Assessment Due:</b>			Row 2 + 3:	<b>\$4,440.88</b>

**Variance Explanation**

Lives increased due to increased group sales.

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pages that print.

**Additional Questions**

Yes	No	N/A	
X			1. Have you identified the correct quarter for assessment?
X			2. Have you reported all New Hampshire resident child covered lives for which your company is responsible?

**How will payment be submitted?**

- I anticipate payment will be submitted via EFT (preferred method)  
 I anticipate payment will be submitted via check  
 No payment is due with this filing

# New Hampshire Vaccine Association Remittance Form

Report for: **Quarter 2, 2018**

EIN: **01-1234567**

Company Name: **Helms**

Total Covered Lives Reported: ..... **650**

Total Assessment Due: ..... **\$4,355.00**

Total Interest Due: ..... **\$85.88**

*(If your payment is being submitted after the due date, please add additional days of interest on the next line. Please see line 3 of the worksheet for calculation instructions.)*

**\$4,440.88**

Total Submitted: ..... \$ \_\_\_\_\_

## Electronic Funds Transfers are the preferred method of payment.

Financial Institution: **Bank of New Hampshire**  
Address: **62 Pleasant St, Laconia NH 03246**  
Routing Number: **[REDACTED]**  
Account Number: **[REDACTED]**

If EFTs are not available, please make check payable to:

**New Hampshire Vaccine Association**

**Please note our new mailing address for assessment payments**

Please mail all payments and correspondence to:

**New Hampshire Vaccine Association**

**1 Pillsbury Street, Suite 200**

**Concord, NH 03301**

The NHVA Taxpayer ID is 75-3086725.

A W-9 for the NHVA is available at [www.nhvaccine.org](http://www.nhvaccine.org).

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pages that  
print.**

[Change PWD](#)[Logout](#)

## Reporting Period Summary

Year	Quarter	Status
2018	1	Submitted
2018	2	Submitted

### Filing Guidelines:

All assessable entities must file quarterly and remit applicable payment due within 45 days of the end of each quarter (i.e., by February 15, May 15, August 15, and November 15).

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Submit today for:

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You are finished!

This page shows  
the quarterly  
filings to date.

Click the  
“Logout” button  
to close the  
application.

**Change PWD**

**Logout**

## Password Change

Old Password:

New Password:

Confirm New Password:

### Password Requirements:

- Be at least 6 - 20 characters long, not contain spaces
- Must contain at least 3 or out of the 4:
  - Upper case
  - Lower case
  - Number
  - Special Character

**<< Cancel**

**Change PWD**

If you need to change your password, choose the “Change PWD” button on the top of the screen, make your changes, and click “Change PWD” at the bottom of the screen to put the new one in effect.

# Contact Us

If you have any questions or need clarification on anything, please contact:

Erin Meagher, Office Manager  
Helms & Company – Administrator for NHVA

[info@nhvaccine.org](mailto:info@nhvaccine.org)

603-225-6633