

# NH Vaccine Association – Board of Directors Meeting

July 24, 2013

Mount Washington Room, Harvard Pilgrim Health Care

Presiding Officer: Susan Tenney, Chair

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

### Directors

Susan Tenney – Harvard Pilgrim (P)  
Scott Beaudette – CIGNA Health Care (P)  
Dr. David Fredenburg (P)  
Dr. Jose T. Montero – DHHS (P)  
David Sky – NHID (T)

### DHHS

Marcella J. Bobinsky (P)  
Kate Frey (T)

### Members of the Public

Judy Butler – Merck (P)  
Gina Powers – Merck/Rath & Young (P)  
Laura Condon – NVIC (P)

### KidsVax.org®

Fred L. Potter (P)  
Claire M. Roberge (P)  
Terry Mills (P)

## II. Summary of Actions Taken and/or Recommended

### A. Actions Taken (votes adopted)

1. To approve the recommendation to authorize an expenditure not to exceed \$200.00 by KidsVax® to provide a suitable memento for Dr. Modlin in recognition of his years of service to the NHVA Board.
2. To approve the minutes of the October 5, 2012 Board meeting as presented.
3. To approve the minutes of the February 6, 2013 Board teleconference meeting as presented.
4. To approve the minutes of the February 19, 2013 Board teleconference meeting as presented.
5. To approve the minutes of the May 17, 2013 Board teleconference meeting as amended with the addition of Dr. Montero attending via telephone.
6. To approve the minutes of the May 22, 2013 Board teleconference meeting as presented.
7. To support multi-state efforts to cause TriCare System to participate equitably in vaccine funding for those States with universal childhood vaccination programs and to contribute up to \$5,000 for the cost of providing information to appropriate decision-makers and their staff.

### B. Follow up Task/Action Items

1. KidsVax® to provide a suitable memento for Dr. Modlin in recognition of his years of service to the NHVA Board at a cost not to exceed \$200.
2. Create a list that will identify the entities that need to be notified that they can become subscribers to the website and receive update notifications.
3. KidsVax® to continue, at least in the immediate future, to post all in-person board meetings at public locations.
4. KidsVax® to request additional information from Nationwide concerning its refund request.
5. Create an Assessment Task Force to build the assessment form to be used on the website.
6. Create a Governance Task Force to prepare refreshed organizational documents in accordance with the new statute.
7. Mrs. Mills will poll the Board for purposes of scheduling the upcoming Board meetings.
8. A Contract Task Force teleconference will be scheduled for next week to finalize the new contract.

## III. Minutes

### Welcome and Introductions

At approximately 8:20 a.m., a quorum having been established, Chairperson Susan Tenney called the meeting to order. Roll call was taken of individuals participating in the meeting both in person and via telephone. Ms. Tenney suggested that the Legislative Update be heard as the first agenda item so that Ms. Frey could be released ASAP. Ms. Tenney announced that public comments would be heard at the end of the meeting just prior to the Board entering into Executive Session.

Ms. Tenney discussed the replacement of Dr. Modlin on the NHVA Board since receiving his resignation several months ago. Mr. Potter requested that the Board allow KidsVax<sup>®</sup> to work with the Chairperson, at an expenditure of not more than \$200, to provide a suitable memento to recognize and thank Dr. Modlin for his years of service on the Board. KidsVax<sup>®</sup> will circulate a resolution for Board approval that will go with Dr. Modlin's recognition award. Dr. Everett Lamm from Core Pediatrics in Exeter has been appointed as Dr. Modlin's replacement on the NHVA.

VOTED: To approve the recommendation to authorize an expenditure not to exceed \$200.00 by KidsVax<sup>®</sup> to provide a suitable memento for Dr. Modlin in recognition of his years of service to the NHVA Board.

#### Legislative Update

Ms. Frey updated the Board regarding HB664. There was an unusual circumstance where another amendment dealing with voter registration was attached to HB664 as a bargaining chip related to other House-Senate end of year negotiations. The bill was sent to the Conference Committee and it was voted out of Conference Committee without the voter registration piece attached to it. The Conference Committee adopted the House amended version of HB664, so it has been passed by both bodies. Once it goes to the Governor she has a period of five days to sign it. Ms. Frey will contact the Governor's office today to determine where HB664 is in the process, but she believes it will be signed within the next few days. Ms. Frey called later in the meeting to advise that HB664 was signed by the Governor on July 24, 2013 and became effective as of July 24, 2013.

#### Consent Calendar Items

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the October 5, 2012 Board meeting as presented.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the February 6, 2013 Board teleconference meeting as presented.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the February 19, 2013 Board teleconference meeting as presented.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the May 17, 2013 Board teleconference meeting as amended with the addition of Dr. Montero attending via telephone.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the May 22, 2013 Board teleconference meeting as presented.

#### Executive Director Updates

Final settlement agreements have been signed with UnitedHealthCare and the sums have been collected. The agreement, as executed, is provided in the Board packet. The settlement was accomplished within the authorization of the Board as to the three-year look back and the interest at half of the Plan of Operations rate in light of United's voluntary reporting. Due to this collection, at year-end there is over \$5 million in cash.

Website development has been undertaken as authorized. It is expected that the updated base website will go live within the next two weeks. Once the website structure is complete, Mrs. Mills will be trained in maintaining the website content. The Board has instructed KidsVax<sup>®</sup> to create an enhanced Annual Report that includes not only financials, but also has a modest narrative portion. Work will be undertaken to design a template in which the narrative and financials will be inserted. There will be a one-time fee for the template and then it will become part of the bundled services going forward. The Board had budgeted \$16,000 for this work, but the work was completed for just over \$6,000. Ms. Bobinsky recommended creating a list that will identify the entities that need to be notified (insurers and pharmaceutical representatives, etc.) that they can become subscribers to the website and receive update notifications. Dr. Montero requested that notices continue to be posted in the elevators at the LOB and the State House and at DHHS for those who may not choose to subscribe on the website. Mr. Potter indicated that KidsVax<sup>®</sup> will take the direction to have these items posted on a continuing basis.

The draft management financials were reviewed. The audit is underway and is expected to be unremarkable. The new standards require that both management and a Board member sign the Engagement Letter. The financials reflect the collection of the \$2.4 million United settlement, creating a \$5.25 million cash carry-forward. There will be a slight reduction in cash by just over \$6,000 for the website and Annual Report public accessibility for year end. The financials cannot be published yet because they are management financials subject to year-end adjustments.

Further discussion ensued regarding UnitedHealthCare with respect to the TriCare Management contract. TriCare and its subvendors had a surge of servicing problems due to the transition from TriWest to United. KidsVax<sup>®</sup> has been assured that they have put protocols in place to make certain that accurate membership numbers are collected from them. Careful attention will be paid to any apparent irregularities in the reporting. United's acquisition of TriCare did not involve the Eastern Region, so is not expected to have a major impact on NHVA.

### DHHS Matters

Ms. Bobinsky updated the Board regarding the CDC initiative to preserve the vaccines that are in refrigerators throughout the state. Magnetic charts indicating the appropriate refrigerator and freezer temperatures for preservation of the supply of vaccines are being distributed to each provider. Within a year, data loggers will also be set up in all of the offices throughout the state to provide constant readings of refrigerator and freezer temperatures twice a day. It is now written into the DHHS policies that if wastage occurs due to absolute negligence, the provider will be asked for reimbursement for that vaccine. Collected reimbursements will be reflected as a new revenue line into the NHVA fund that has been set up. DHHS is also working on a program for adult immunizations focusing on ages 19 to 36. Posters will be displayed publically as well as distributed throughout the physician offices. Ms. Bobinsky is working with the New Hampshire Medical Society to see if they will work with the DHHS to get physicians onboard with this idea. DHHS would like to speak with the insurance companies to see if they have an interest in supporting this kind of a campaign. Under the current statute, NHVA is not involved with adult immunizations, but Ms. Tenney offered that the directors will be able to assist as liaisons for the insurance companies if needed.

The 2012/2013 draft calculations were reviewed by Ms. Bobinsky. DHHS received \$7.5 million from the Vaccine for Children Fund. Due to a large shift in Section 317 funding, DHHS is no longer able to use that for the childhood population because New Hampshire does not have underinsured children. For this reason, the 317 vaccine funding has been used towards vaccinating uninsured adults. The vaccine insurers expended was \$13,727,510. There is currently \$2,278,387 encumbered, but not yet spent, on the books. The year-end cash is -\$2,070,756, so actual cash in the bank this year is \$207,631. Due to New Hampshire's low wastage, it was calculated using the rate of 2.5% rather than the 5% used in the past. The calculation for this year, including VFC, State, and NHVA funding will be a total of \$24,697,851.

The immunization registry discussion was again raised. New Hampshire is the only state in the U.S. that does not have a registry. The federal government is looking at accountability per doses and per child. To achieve health outcomes in prevention, there is a need to know what doses each child receives and at what time. Last year the DHHS made inquiries across the country, provided capability guidelines, and requested estimates of the cost of such a product. At the national level the next generation of registries will have a real-time exchange of data between providers and the medical records, but that technology is not yet available. DHHS enlisted the assistance of the CDC and several national organizations to help them determine their business needs. The information was collected and an RFP was sent out to vendors. DHHS expects a recommendation within the next four weeks at which time there will be additional discussion and, providing there is funding, they will move into contracting.

There was extensive discussion regarding the funding of a registry. Dr. Montero is looking for the ongoing support of the NHVA. His estimate based on current information is that it will be approximately \$500,000 per year. DHHS is going to ask the CDC to include funding for operating costs to manage the registry in the DHHS budget. Dr. Montero will be following up with the CDC requesting their support for this initiative, as well as asking CMS to co-share the registry. Extensive discussion ensued. Dr. Fredenburg inquired whether this process would require re-legislation. Mr. Potter believes that the statute allows it to be incorporated into the Plan of Operations. The NHVA will need to determine that this is a reasonable cost of business and make sure that the assessment formula, which is part of the Plan of Operations, goes through regulatory review and has the approval of both commissioners. Mr. Potter noted that the commissioners might want to get some direction from the NH Attorney General's office about authority for such an expense.

Dr. Montero asked the Board for an expression of support for the financial component, as well as asking the Board to sit down once the final RFP has been received to determine if there is a business need and what items need to be explored further. Mr. Beaudette added that it would be helpful to know how much of the upfront costs would be shared among stakeholders. It was determined that based on this information it is not possible to make an informed judgment about the assessment today.

## Old Business

A copy of the New Hampshire statute, as amended, was included in the Board packet. Ms. Frey reported earlier in the meeting that the Governor signed HB664 on July 24, 2013. Mr. Potter's understanding is that this is to become effective upon passage.

Mr. Potter displayed a website demo for the Board and explained briefly the various functions that NHVA's updated website will provide. He pointed out the calendar and notification areas. The web training module will educate the servicing staff in the use of the assessment system. The website will need to be populated with information based on the new statute. Payers will be able to enter their covered lives online and invoices can be generated as soon as they submit their information. Mr. Potter recommended creating a task force to oversee the KidsVax<sup>®</sup> build of the new assessment functionality. For purposes of clarity, Dr. Montero suggested creating link notifications between websites identifying that a user is about to leave the NHVA website and enter a different website.

Mr. Potter provided a brief update on what other states are doing regarding TriCare. In Washington, the general counsel of TriCare Management had agreed to get the necessary work done by June 30, provided the CDC would allow them to pay one check nationally for all of the states who have similar programs. TriCare has now stopped returning calls, apparently due to the volume of ordinary claims processing problems. KidsVax<sup>®</sup> has been instructed by the Washington Board that as of August 1 if the problem isn't resolved voluntarily, a national legislative fix will be pursued. KidsVax<sup>®</sup> also has been asked to develop an alternative to pursue a legal claim on behalf of the WVA. It appears in some cases that UnitedHealthCare has also stopped paying Washington State providers for the administration of the vaccines. Maine has authorized participation in the joint effort to present this problem before our congressional delegations asking for their support of a solution. Mr. Potter recommended that the Board consider that NHVA support the efforts to get TriCare involved, including, if necessary, mandatory language to clarify their obligation to make these payments. Further discussion ensued.

Upon motion duly made and seconded, it was unanimously

VOTED: To support multi-state efforts to cause TriCare System to participate equitably in vaccine funding for those States with universal childhood vaccination programs and to contribute up to \$5,000 for the cost of providing information to appropriate decision-makers and their staff.

There is a refund request from one carrier that is included in the Board packet. There is a question regarding the statute of limitations in this matter. Mr. Potter reminded the Board that in the United situation, NHVA agreed because of their self-reporting that we would not look back beyond the three-year statute of limitations. Further discussion ensued. It was the sense of the Board that additional information is needed before a decision can be made. This matter will be brought forward at another meeting for additional discussion and consideration.

## New Matters

In light of the significant statutory changes coming, Mr. Potter recommended holding monthly meetings until November and then move back to the quarterly meeting pattern. Ms. Tenney reminded the Board that a physical meeting location needs to be maintained for those people who would like to attend in person. Meeting rooms are available at HPHC or at both NHID and Public Health. Mr. Potter recommended holding monthly meetings of an hour in duration and then perhaps two months out have a two-hour meeting. Mrs. Mills will poll the Board for purposes of scheduling the upcoming Board meetings.

Mr. Potter made the recommendation to appoint a task force to work with KidsVax<sup>®</sup> to provide direction as to the assessment program. In addition, all of the organizational documents have to be refreshed. It would be helpful to have an editorial task force to assist with this process and give feedback. Further discussion ensued regarding the quarterly assessments and reconstitution of the Board. The Board cannot be reconstituted under the new statute until a survey is conducted. The Board needs to be reconstituted before new governing action can be adopted. It was the sense of the Board to maintain the four quarterly assessment payments, but delay the date of the first payment. The Assessment Task Force will consist of Scott Beaudette, Susan Tenney, David Sky, and Marcella Bobinsky. The Governance Task Force will consist of Dr. Montero, David Sky, Marcella Bobinsky, and Maria Proulx will be asked to participate as well. It was the sense of the Board to delay work on the assessment calculation worksheet until the Board is reconstituted. The Board of Directors will include three representatives selected from assessable entities weighted by their child covered lives. The carriers may want to select the Board all over again which may or may not bring about changes in the Board. This will not be known until the Board receives the surveys that indicate what their child covered lives are. It is the sense of the Board that there is wisdom in extending an invitation to all carriers to listen in on any Board meeting during this period of significant change. This will be communicated on the KidsVax<sup>®</sup> survey.

## Public Comment

Ms. Condon inquired how an individual gets into the vaccine registry and if participation is optional for individuals. Dr. Montero indicated that registries in general are documentation of clinical events or procedures. The information is transmitted to the registry from an individual's electronic medical record (EMR). Ms. Condon also asked if the registry tracks only those individuals who are vaccinated or if it also tracks individuals. Dr. Montero will research the answer to this question. Ms. Condon also asked if a patient can opt out of the electronic registry. Dr. Montero indicated it is not optional. Ms. Condon asked further if the NHVA has ever put out an RFP for the servicing agent and asked how often RFPs are done for various service providers. Ms. Tenney indicated that the Board discusses it every year, but has always decided that it is very happy with the services that it receives from KidsVax<sup>®</sup> and has decided to remain with KidsVax<sup>®</sup>.

## Executive Sessions

Mr. Potter gave a brief overview of the restructured KidsVax<sup>®</sup> contract. It is structured with a service guarantee so if at any time a problem is identified by the Board and KidsVax<sup>®</sup> fails to resolve it, the Board can vote to terminate the contract, or if there is misconduct or gross negligence, the Board can terminate the contract immediately without going through any procedural steps. The actual deliverables are described in the proposal letter. The performance standards from the old contract have been incorporated into the new contract at the suggestion of Mr. Beaudette. The proposal indicates that KidsVax<sup>®</sup> will do whatever is necessary to get the new program up and running and outlines the specific items that will be involved. KidsVax<sup>®</sup> will operate the new program on a go-forward basis and between now and then will run the old program. The new contract does not have an inflation adjustment as drafted currently because it is based on a percent of revenues. Management fees for third-party expenses have been bundled into the base fee. The ordinary reimbursements have also been waived if this new pricing structure is acceptable to the board. Mr. Potter provided a general overview of the fee schedule and updated the Board on his plans for updating the staffing of KidsVax<sup>®</sup> going forward.

The Board then met in executive session to review the KidsVax<sup>®</sup> contract update and to afford further guidance to its contract task force.

At the conclusion of the Executive Session, Mr. Potter was called back into the meeting and asked to coordinate scheduling for a contract task force follow-up meeting. The Board indicated that the task force had some additional materials to review with the expectation that it would work to put an appropriate contract for operations under the new statute into place in the near future. The task force has been authorized to complete the contract update.

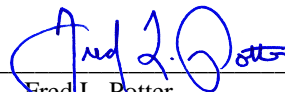
Upon motion duly made and seconded, it was unanimously

VOTED: To adjourn.

There being no further business, the meeting adjourned at approximately 12:20 p.m.

At true record.

Attest,

  
\_\_\_\_\_  
Fred L. Potter  
Secretary, Pro Tem