

**NH Vaccine Association – Board of Directors Meeting
January 21, 2014 – 8:30 a.m. – 10:30 a.m.
Conference Room – Hinckley, Allen & Snyder
Presiding Officer: Susan Tenney, Chair**

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

Directors

Susan Tenney – Harvard Pilgrim Health Care (P)
Scott Beaudette – CIGNA (P)
David Fredenburg, M.D. (P)
Everett Lamm, M.D. (P)
David Sky – NHID (P)

DHHS

Marcella J. Bobinsky (P)

Outside Counsel

Mark McCue, Esq. (P)

Absent

Jose T. Montero, M.D. - DHHS
Maria Proulx – Anthem

Members of the Public

Laura Condon, NVIC (P)
Gina Pouers, Merck (P)
Michael Goldstein, Merck (P)

KidsVax.org®

Fred L. Potter (P)
Claire M. Roberge (P)
Laurie Beth Pliakos (P)
Peter Smith (P)
Terry Mills (P)

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the November 12, 2013 board meeting as presented at this meeting.
2. To approve the NHVA Public Access Policy as presented at this meeting.
3. Upon final review of the Annual Report and feedback to Ms. Pliakos, KidsVax® is authorized to distribute the Annual Report and the Public Policy to the Medical Society, the State Legislature, the Department of Health and Human Services, the New Hampshire Insurance Department, and the payers.
4. To authorize Mr. Potter, on behalf of the NHVA, to have a preliminary discussion with the sponsors of Senate Bill 309 and report back to the Board.

B. Follow up Task/Action Items

1. KidsVax® to post the Public Access Policy to the NHVA website.
2. Ms. Mills will register the Board members for the newly designed calendar event notifications.
3. KidsVax® will include the Immunization Information System (IIS) as an agenda item for the next meeting.
4. KidsVax® will distribute the Annual Report and the Public Policy to the Medical Society, the State Legislature, the Department of Health and Human Services, the New Hampshire Insurance Department, and the payers once approved by the Board.
5. Mr. Potter will report his findings to the Board regarding his preliminary discussions with sponsors of Senate Bill 309
6. Ms. Mills will publish the 2014 meeting dates to the events calendar on the website upon approval by Board members.

III. Minutes

Welcome and Introductions

At 9:30 a.m., a quorum having been established, Chairperson Susan Tenney called the meeting to order. Ms. Tenney surveyed the Board for any additional items to be added to the agenda. Ms. Bobinsky attended the meeting as Dr. Montero's personal representative at this Board meeting.

Consent Calendar Items

Ms. Tenney called for a vote to approve the minutes.

Upon motion duly made by Dr. Lamm and seconded by Ms. Bobinsky, it was unanimously

VOTED: To approve the minutes of the November 12, 2013 board meeting as presented at this meeting.

Report on Consultation with Counsel

Attorney McCue distributed a final version of the Public Access Policy intended to govern the Board and identify for the public how meetings are to be conducted and information will be made available publically. Attorney McCue was commended for his excellent work on behalf of the NHVA in preparing this policy.

Upon motion duly made by Dr. Fredenburg and seconded by Mr. Beaudette, it was unanimously

VOTED: To approve the NHVA Public Access Policy as presented at this meeting.

KidsVax® has been instructed by the Board to conduct operations in accordance with this policy going forward and to post this document to the NHVA website.

Executive Director Updates

Mr. Potter reported that Ms. Roberge and Ms. Pliakos have joined the KidsVax® team full-time as of January 1, 2014. Also in attendance at the meeting was Mr. Smith, an independent financial analyst who has worked with KidsVax® for a number of years as an internal control person, as well as providing cash flow forecasting. Mr. Smith will be working with Ms. Bobinsky to complete 1) a cost savings calculation, and 2) to learn more about the forecasting process to be sure when assessment rates are set there is a higher confidence level to allow for more precise assessments.

Ms. Pliakos is moderating two assessment personnel training webinars, on January 23rd and February 4th, respectively. These webinars are geared towards the compliance officers in the payer community. They will be recorded and posted to the website.

With respect to public accessibility, Mr. Potter reported that all of the features of the new calendar system are available and working in New Hampshire. The Board members requested Ms. Mills to register them for the newly designed event notifications. KidsVax® will continue to provide the Board meeting packets via e-mail as well. Mr. Potter reminded members of the public that KidsVax® will no longer be e-mailing the Board packets individually, but invited the public to register for the event notifications as well. As part of the public notification process, once registered, members of the public will have access to the meeting materials and will receive draft minutes as soon as they are posted.

In connection with the assessment, Mr. Potter requested Board guidance regarding two policies affecting the upcoming training. This involves building both an annual zero covered lives and a permanent covered lives report into the New Hampshire assessment system as options for those entities that do not have child covered lives under the statute and do not become payers under the new plan. Additional discussion ensued. The Board authorized KidsVax® to build the reports into the system and to provide assessment training on that basis. KidsVax® proposes to bring back policies to be adopted on a more granular level, as well as FAQs that will provide some additional market rules.

DHHS Update

Ms. Bobinsky reported that DHHS has had their program approved regarding payment in advance for any vaccines distributed out of the McKesson Distribution Center. The 2015 calculations will need to be discussed in the future because they were based on 10% wastage due to the potential of having to split the inventories. They hope to get back to the 2.5% wastage they had started to use.

DHHS has been invited by the NH Pediatric Society to work on a project under the guise of Dr. Fredenburg as the Pediatric Committee on Childhood Vaccines and Adolescent Vaccines to increase the uptake on HPV vaccine in New Hampshire. DHHS is activating a concerted effort in New Hampshire to increase the opportunity for HPV vaccines. There will be several programs on the HPV vaccine at the upcoming NH Immunization Conference on March 26.

Ms. Bobinsky provided a brief update on the Immunization Information System (IIS). A draft contract has been delivered to the contracting units for two weeks of review by the Department of Information Technology. DHHS hopes to have the contract to the Governor and Executive Council by the 2nd or 4th week of March with the registry contract actually taking place either April 1 or May 1. Due to the timing of the introduction of the registry, there will only be a small portion of the 2013/2014 fiscal year remaining. The NHVA Board previously indicated their support of up to \$250,000, half of the cost of the first year, and then up to \$150,000 in the second year for a maximum of \$400,000. The first phase of this IT project will take place in 2014 and then two phases will take place in 2015, plus the start of the regular maintenance and web access fees. Ms. Bobinsky indicated that the greatest amount of spending anywhere in the contract will take place during the second fiscal year rather than the first fiscal year. Therefore, as DHHS puts their budget together, they have requested that NHVA spend \$312,000 over those same two years. The maximum was not reached, but it is going to be spent differently than originally discussed. This item will be added to the next meeting's agenda for further discussion.

Old Business

Ms. Pliakos provided a brief overview of the NHVA Communication Plan, indicating there have not been many substantial changes. The first section refers to the message being sent to the public regarding the changes from the annual billing system to the quarterly assessment system. The website updates are expected to be complete by March 1. KidsVax® welcomes further suggestions as to contact lists which might be used to contact new payers or individuals who might like to be added to the notification system. Based on Board feedback from the November meeting, KidsVax® has reformatted the Annual Report into a condensed "VaxFax" version that can be easily e-mailed and provides hotlinks to additional detailed information from the NHVA website. Ms. Pliakos asked for feedback from the Board on the new format, as well as guidance regarding mailing it to legislators and what should be included in that mailing. After further discussion and suggestions made by Board members, the VaxFax publication will be revised to reflect the two changes suggested at the meeting, which include a change to the DHHS letter so that the language is more precise and accurate and a change to the second pie chart and the addition of a note directing individuals to see the website for additional information. The Board would like the opportunity to review the changes and once approved by the Chair, will authorize KidsVax® to publish the "VaxFax" Annual Report. Additional suggested changes can be forwarded directly to Ms. Pliakos' attention. Ms. Bobinsky suggested that the VaxFax be distributed to medical facilities within the state.

Upon motion duly made by Ms. Bobinsky and seconded by Mr. Beaudette, it was unanimously

VOTED: Upon final review of the Annual Report and feedback to Ms. Pliakos, KidsVax® is authorized to distribute the Annual Report and the Public Policy to the Medical Society, the State Legislature, the Department of Health and Human Services, the New Hampshire Insurance Department, and the payers.

Consideration of Possible Technical Updates to RSA 126-Q

Attorney McCue reported that the way the statute was amended to define assessable lives it did not address an exclusion or exception for federally vaccine eligible children. The New Hampshire Insurance Department is not sponsoring a technical bill this session. The suggestion is to look to the sponsors of the existing bill in the Senate as amending RSA 126-Q to see whether there is an opportunity to make that technical amendment. The Board engaged in further discussion.

Upon motion duly made by Dr. Fredenburg and seconded by Mr. Beaudette, it was unanimously

VOTED: To authorize Mr. Potter, on behalf of the NHVA, to have a preliminary discussion with the sponsors of Senate Bill 309 and report back to the Board.

Other Matters from Board Members

KidsVax® provided a tentative 2014 meeting schedule for Board review. Board members will review their calendars for any conflicts and will contact Ms. Mills by the close of business on January 22, 2014. The dates will then be published to the events calendar on the website.

It was the sense of the Board to constitute a Legislative Task Force to authorize decision-making with respect to the legislative policy without waiting for full Board approval. The Legislative Task Force will consist of Susan Tenney, Chair; Scott Beaudette, and David Fredenburg, M.D. [NOTE: Ms. Proulx was unable to attend this meeting, but advised the Board at the 3/11/14 meeting that she would also like to participate on the Legislative Task Force.]

Public Comment

Ms. Tenney opened the meeting for public comment. Ms. Condon requested Board consideration for including the source and details for the information contained on page two of the "VaxFax" sheet and, in addition, a link that will provide for the statutory provision for Universal Purchase. Ms. Condon noted her concern that the "VaxFax" appears to be a marketing piece for vaccines when the NHVA was formed to assess assessable entities for the costs of vaccines provided to children in New Hampshire and is not an entity created to promote or market the use or distribution of vaccines.

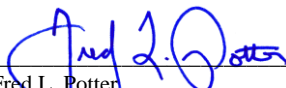
Upon motion duly made by Mr. Beaudette and seconded by Dr. Lamm, it was unanimously

VOTED: To adjourn.

There being no further business or public comment, the meeting adjourned at approximately 10:30 a.m.

A true record.

Attest,



Fred L. Potter
Secretary, Pro Tem

What: New Hampshire Vaccine Association (NHVA) Board Events
Date and Time: Tuesday, January 21, 2014 / 8:30 a.m. – 10:30 a.m.
Location: Hinckley, Allen & Snyder, 11 South Main Street, Suite 400, Concord, NH

Approx. Time	Topic/[Anticipated Action]	Presented by:
(NON-PUBLIC SESSION) 8:30-9:00 a.m.	Opportunity for Board to confer with outside counsel [Executive session with Outside Counsel]	M. McCue
Agenda for Board Meeting in Person		
(PUBLIC SESSION) 9:00-9:05 a.m.	1. Welcome and Introductions a. Survey of Other Matters from Board Members b. Request for identification of individuals on conference phone	S. Tenney
9:05-9:25 a.m.	2. Consent Calendar Items * a. Board Meeting Minutes (November 12, 2013) b. Report on consultation with counsel	S. Tenney M. McCue
9:25-9:40 a.m.	3. Executive Director Updates * a. Executive Director Report * b. 12/31/13 Financials c. Processes for other documents d. Assessment Implementation Policies i. Zero covered lives ii. Other	F. Potter C. Roberge
9:40-9:50 a.m.	4. DHHS Update a. b.	
9:50-10:20 a.m.	5. Old Business a. Public Access * b. 2014 NHVA Communications Plan * c. Draft 2014 Annual Report d. Update on status of consideration of possible technical updates to RSA 126-Q	M. McCue L.B. Pliakos L.B. Pliakos M. McCue
10:20-10:25 a.m.	6. Other Matters from Board Members a. Finalize 2014 Meeting Schedule b.	
10:25-10:30 a.m. 10:30 a.m.	7. Public Comment (if any) [Adjourn] 8. Reference Documents * a. Governing Statute * b. 2014 Draft Meeting Schedule * c. Proposed form of votes for this meeting * d. Directions to meeting location	

*Indicates agenda item attached

**NH Vaccine Association – Board of Directors Meeting
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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 Health Care (P)
Scott Beaudette – CIGNA (P)
Everett Lamm, M.D. (P)
Jose T. Montero, M.D. (P)
Maria Proulx – Anthem (P)
David Sky – NHID (P)

DHHS

Marcella J. Bobinsky (P)

Outside Counsel

Mark McCue, Esq. (P)

Members of the Public

Judith Butler, Merck (P)
Laura Condon, NVIC (P)

Absent

David Fredenburg, M.D.

KidsVax.org®

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

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the minutes of the October 8, 2013 and October 22, 2013 board meetings as amended at this meeting.
2. To approve the NHVA Interim Communications Plan subject to the changes discussed at this meeting with respect to Section 4.
3. To instruct KidsVax® to seek clarification from Nationwide about the basis for their refund request and to inform them that NHVA will only go back three years. If KidsVax® is satisfied with the answer received, then it is authorized to refund the overpayment.
4. To develop certain technical amendments it appears may be necessary to best track the legislative intent with respect to RSA 126-Q and accomplish what is appropriate for holding down costs.

B. Follow up Task/Action Items

1. Attorney McCue will draft a policy to improve public access to NHVA business.
2. Mr. Potter will send a copy of the senate version of the 2013 amendment to Attorney McCue.
3. Set meeting calendar for 2014.

III. Minutes

Welcome and Introductions

At 9:23 a.m., a quorum having been established, Chairperson Susan Tenney called the meeting to order. Ms. Tenney surveyed the Board for any additional items to be added to the agenda.

Consent Calendar Items

After brief discussion regarding an amendment to the October 8 and October 22 minutes, Ms. Tenney called for a vote to approve the minutes.

Upon motion duly made by Dr. Lamm and seconded by Dr. Montero, it was unanimously

VOTED: To approve the minutes of the October 8, 2013 and October 22, 2013 board meetings as amended at this meeting.

Report on Consultation with Counsel

Attorney McCue gave a brief summary of his discussion with the Board regarding ways further to enhance public accessibility to the NHVA and its business. KidsVax® already had developed certain website enhancements which could advance NHVA beyond certain standards applicable to public bodies. He reported that the Board thoroughly reviewed a series of guidelines and asked Mr. McCue to draft a proposed policy for review at the next board meeting. The policy will establish practices such as posting notices of meeting, posting draft meeting minutes within 5 business days, and responding to requests within 5 business days. It will also provide for a public commentary period at each meeting. Additionally, to assist the public in accessing the NHVA's business, materials will be posted on the website before board meetings. As a matter of "green" principles and in order to reduce costs, the NHVA will stop printing materials for distribution at meetings; instead, the public will be able to subscribe to email alerts for meeting notices and changes to the agenda. That service will be implemented by the end of the year.

1 Executive Director Updates

2
3 Ms. Roberge reviewed the Statement of Financial Position in detail; the Statement was unremarkable. Mr. Potter reminded the Board that in prior
4 years there has been significant inbound cash in February, but because the assessment payment date has been deferred, that cash is not expected
5 until May. The approved expenses are occurring on a monthly basis, and KidsVax® will continue to supply the board with financial statements.

6
7 Follow Up Correspondence

8
9 Mr. Potter reported that over 1,300 Notices to Potential Assessable Entities were mailed. KidsVax® is receiving questions about the assessment
10 system and will bring these to the Board for its review of the assessment system. Mr. Potter suggested that the Board adopt a “zero covered lives”
11 methodology with regard to entities that have no involvement in healthcare. He recommended that these entities be permitted to file a one-time
12 report stating that they have zero covered lives and that they do not intend to have such coverage in the future. The entities would be expected to
13 notify the NHVA if their coverage options change.

14
15 Mr. Potter also confirmed that he advised TRICARE that the Board believes that HB664 applies to TRICARE’s covered lives. TRICARE has not
16 yet responded, but they have indicated that they will make a decision within 30 - 90 days. A report is expected in January.

17
18 DHHS Update

19
20 Dr. Montero updated the Board regarding a change in federal policy that requires separate vaccine inventories in clinicians’ offices. The CDC has
21 agreed to let states present plans on ways to report inventories without having a physical separation of vaccines. The CDC is approving plans on a
22 state-by-state basis, and the New Hampshire plan will be submitted this week. Dr. Montero is optimistic that New Hampshire’s plan will be
23 approved.

24
25 Dr. Montero also reported that DHHS is working with the Medicaid program to work out the details of a request to the federal government for
26 funding for the Immunization Information System.

27
28 NHVA Interim Communications Plan

29
30 Mr. Potter reviewed each section of the plan in detail. Extensive discussion ensued with regard to the format of the Annual Report. It was the sense
31 of the Board that it is inefficient to do a paper mailing using a trifold template. The Board requested that KidsVax® redesign the report in a format
32 that can be distributed by email. An email distribution system will make it easier for assessable entities to distribute the annual report internally, and
33 it is consistent with the Board’s “green” initiative. KidsVax® is collecting email addresses for assessable entities as part of the assessment
34 mechanism, and it will also post the annual report to the website. KidsVax® agreed to absorb the cost of the redesign.

35
36 Upon motion duly made by Dr. Montero and seconded by Mr. Beaudette, it was unanimously

37
38 VOTED: To approve the NHVA Interim Communications Plan subject to the changes discussed at this meeting with respect to
39 Section 4.

40
41 Nationwide Refund Request

42
43 Mr. Potter briefly reviewed the refund request documents submitted by Nationwide Insurance. He recommended that, consistent with the policy of
44 the New Hampshire Health Plan (NHHP) and past practices of the NHVA, the Board should consider a three-year limitation on refund requests.
45 The reasoning behind this policy is that the NHVA may only be able to collect from a recalcitrant payer for three years, so the same limit should
46 apply to payer refund requests. Under this policy, the Nationwide refund would be limited to the amounts claimed from 2010 - 2012. Ms. Proulx
47 suggested that KidsVax® should ask for clarification from Nationwide about the definition of “Limited Medical Product” identified by Nationwide
48 as the rationale for its refund request to ensure that a refund is proper.

49
50 Upon motion duly made by Dr. Montero and seconded by Dr. Lamm, it was unanimously

51
52 VOTED: To instruct KidsVax® to seek clarification from Nationwide about the basis for their refund request and to inform them
53 that NHVA will only go back three years. If KidsVax® is satisfied with the answer received, then it is authorized to
54 refund the overpayment.

55
56 Consideration of Possible Technical Updates to RSA 126-Q

57
58 The Board engaged in extensive discussion regarding several potential technical amendments to RSA 126-Q. Specifically, it was the sense of the
59 Board that in order to comply with the CDC’s requirements, the definition of “assessable lives” should be amended to exclude federally vaccine
60 eligible children. The Board also discussed potential technical amendments that would clarify the NHVA’s obligations regarding assessment
61 collection and deposits with the state treasurer.

62
63 Upon motion duly made by Mr. Beaudette and seconded by Dr. Montero, it was unanimously

64
65 VOTED: To develop certain technical amendments it appears may be necessary to best track the legislative intent with respect to
66 RSA 126-Q and accomplish what is appropriate for holding down costs.

Public Comment

Ms. Tenney opened the meeting for public comment. Ms. Condon expressed concern regarding the way that public comments were recorded in previous meeting minutes. She has detailed her concerns in email communications to the Board.

Ms. Butler asked the Board to consider allowing the public to call in and listen to future board meetings by phone.

Upon motion duly made by Mr. Sky and seconded by Mr. Beaudette, it was unanimously

VOTED: To adjourn.

There being no further business or public comment, the meeting adjourned at approximately 10:23 a.m.

A true record.

Attest,

Fred L. Potter
Secretary, Pro Tem

January 21, 2014 Board Meeting Executive Director Report

Cash on Hand as of 12/31/2013	\$ 5,192,854
Projected to be collected on or before 05/15/2014	\$14,836,424
Scheduled Remittance to State of NH due on or before 06/30/14	\$16,004,025

Welcome to 2014!

In prior years, the end of calendar year time period had been a relatively light activity time due to the gap between assessment billing in November & December and then collections starting shortly prior to the due date of February 15. Not so this year. KidsVax® has built upon its experience and code base from our past implementations to prepare a new assessment system for New Hampshire Vaccine Association to implement the State's new quarterly child covered lives assessment base, as now expanded to include all private health benefit payers. Thus, for the first time, NHVA will be developing its assessment data directly rather than relying upon the system KidsVax® personnel built a decade ago for the New Hampshire Health Plan.

Additionally, in preparation for new direct assessment processing and in response to legislative leadership's request that the NHVA website be made more user-friendly, the website itself had been completely rebuilt over the summer. Starting late fall, as directed by the Board, we implemented a substantial number of further enhancements to improve public access and incorporate notification functionality. Although not explicitly subject to NH's Right to Know law, I anticipate, from Board comments, that at this meeting NHVA will adopt the substance of all Right to Know benefits for the public. Attorney Mark McCue has been very helpful in listening to the Board, reviewing Board processes, and anticipating the direction of New Hampshire jurisprudence to formulate his recommendations now anticipated to be presented at this Board meeting for final Board review and action. Although NHVA is a private not-for-profit, single-purpose corporation, the combination of anticipated Board policy action and website/notification enhancements developed by KidsVax® should yield public access policies significantly stronger, for all practical purposes, than those which would control were the Right to Know law directly applicable. Clearly, as a result of these initiatives, accessibility to ongoing governance and business records of NHVA will substantially exceed those of most public bodies in the State of New Hampshire. I commend the Board for its leadership in this area.

Meanwhile, KidsVax® has tested internally the new NHVA assessment system, through multiple rounds of revisions, and has scheduled payer servicing personnel webinar training sessions in the months of January and February 2014. This will provide a comfortable amount of time to implement further revisions if the training process itself yields any further enhancements which would make the system either (a) more reliable or (b) easier to use for the numerous

additional payers who will be added to the assessment base as a result of last year's statutory changes.

As you may recall, Terry Mills joined KidsVax[®] full-time last summer. I am pleased to report that Claire Roberge has rejoined KidsVax[®] full-time effective January 1. Additionally, Laurie Beth Pliakos, who was at the last Board meeting as part of KidsVax[®]'s "job sample" hiring process, also accepted full-time employment commencing January 1. This strengthened team will enable us better to deal with public communications (Laurie Beth's primary responsibility at KidsVax[®]) and to service the increased workloads as KidsVax[®] begins its work for the State of Vermont's Vaccine Purchasing Program. This is an excellent staff which will not only afford the capacity to handle KidsVax[®]'s additional workload, but also provide backup for periods of any unavailability on the part of any individual person.

We also have brought these team members together in what for us is a new office location at 14 Dixon Avenue in Concord. Ironically, this is the building adjacent to where CML Administrators had its offices when it was providing Executive Director and Administrative Services for just the New Hampshire Health Plan and New Hampshire Vaccine Association nearly a decade ago. These two buildings are somewhat "tired" in comparison to new Grade-A office construction in Concord, but they have the advantage of free on-site parking which, I'm hopeful, Board members will find beneficial. KidsVax[®] is in the process of applying paint and finish work needed so that our new conference room will provide a comfortable and functional place for future Board meetings. It also affords reasonable public access with the unusual added benefit of free downtown Concord parking right outside the front door.

We expect to have initial governance document updates available for task force review later this month. We anticipate that the Board will be able to complete the implementation of these documents, after allowing time through task force process for refinement and regulatory review, so that all updated documentation can be put in place in the first quarter of 2014. We recognize that some additional modifications may be necessary depending upon what technical amendments may occur to our statute in this abbreviated legislative session, but we do not anticipate that any such follow-on update will be major.

Thank you for your ongoing support, as well as faithful attendance and diligent work at NHVA Board meetings. We look forward to working with you Tuesday morning and to what, we trust, will soon become a smooth regular annual cycle as the myriad of are fully implemented over the next several months.



Fred L. Potter, writing January 16, 2014 for the January 21, 2014 board meeting.



NEW HAMPSHIRE VACCINE ASSOCIATION

Statement of Financial Position

December 31, 2013

ASSETS	
Current assets	
Cash and cash equivalents	\$ 42,451.67
Short-term investments	5,150,402.27
Assessments receivable	-
Allowance for bad debt	-
Prepaid expenses	<u>1,798.33</u>
Total current assets	<u>5,194,652.27</u>
Other assets	
Long-term investments	<u>-</u>
Total other assets	<u>-</u>
Total assets	<u><u>\$ 5,194,652.27</u></u>

LIABILITIES AND NET ASSETS

Current liabilities	
Accounts payable	\$ -
Liquidity reserve	<u>250,000.00</u>
Total current liabilities	<u>250,000.00</u>
Net assets	
Unrestricted net assets - prior year	5,075,769.05
Unrestricted net assets - current year	<u>(131,116.78)</u>
Total net assets	<u>4,944,652.27</u>
Total liabilities and net assets	<u><u>\$ 5,194,652.27</u></u>

NEW HAMPSHIRE VACCINE ASSOCIATION
Statement of Activities and Changes in Net Assets
December 31, 2013

	A	B	C	C - B
	Current Month	Year to Date	Approved Budget	Remaining Budget
Assessments, gains, & other support				
Assessments	\$ -	\$ -	-	-
Investment Income	256.01	1,914.22	-	-
Unrecognized gain or loss	(280.74)	(2,085.20)	-	-
Recognized gain/loss on investments	-	-	-	-
Total assessments, gains & other support	<u>(24.73)</u>	<u>(170.98)</u>	<u>-</u>	<u>-</u>
Subsidies, expenses, & other deductions				
Program disbursements				
Vaccine remittance - State of NH	-	-	-	-
Liquidity reserve	-	-	-	-
Public information	-	-	-	-
Total program disbursements	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Administration				
Administrative services	8,625.00	98,403.00	150,153.00	51,750.00
Variable Compensation	-	-	11,500.00	11,500.00
Professional fees	<u>3,693.50</u>	<u>22,757.80</u>	<u>22,000.00</u>	<u>(757.80)</u>
Total administration	<u>12,318.50</u>	<u>121,160.80</u>	<u>183,653.00</u>	<u>62,492.20</u>
Office				
Licenses and fees	-	-	-	-
Bank fees	-	250.00	500.00	250.00
Publication Information	-	4,750.00	3,350.00	(1,400.00)
Website	-	<u>2,100.00</u>	-	<u>(2,100.00)</u>
Total office	<u>-</u>	<u>7,100.00</u>	<u>3,850.00</u>	<u>(3,250.00)</u>
Board				
Insurance	447.50	2,685.00	6,600.00	3,915.00
Publications	-	-	500.00	500.00
Conferences	-	-	-	-
Board meetings	-	-	-	-
Total board	<u>447.50</u>	<u>2,685.00</u>	<u>7,100.00</u>	<u>4,415.00</u>
Total subsidies, expenses, & other deductions	<u>12,766.00</u>	<u>130,945.80</u>	<u>194,603.00</u>	<u>63,657.20</u>
Increase (decrease) in net assets	(12,790.73)	(131,116.78)	(194,603.00)	(63,657.20)
Unrestricted net assets, beginning of year	-	-	-	-
Unrestricted net assets, end of year	<u>\$ (12,790.73)</u>	<u>\$ (131,116.78)</u>	<u>\$ (194,603.00)</u>	<u>\$ (63,657.20)</u>

2014 NHVA Communications Plan

The Interim Plan of Operation resolves the most pressing concerns related to advance notice to payers of assessment rates and anticipated reporting and payment due dates. Each year in the past, KidsVax[®] supplied, with each assessment billing, a one-page advisory describing the basis for the new assessment rate and a one-page summary of basic information about New Hampshire Vaccine Association. We also supplied the link to more detailed information on NHVA's prior website. That information typically went out near the end of October with bills due early the following February. Now that the Interim Plan of Operation has been approved and preparation is underway for the first assessment collection under that plan, KidsVax[®] recommends that the following communication strategies be followed:

1. Continuing response to those who inquire via info@nhvaccine.org or telephone call to KidsVax[®] communicating the following points:
 - a. NHVA was formed pursuant to RSA 126-Q to provide funding necessary to maintain the State of New Hampshire's Universal Childhood Vaccination Program. Recently adopted HB664 has made substantial changes to the New Hampshire Vaccine Association.
 - b. HB664 transitions NHVA from its former annual billing system (with notifications generally mailed around November 1 each year and payment due dates generally around February 2 of the following year), to a quarterly assessment system. Going forward, assessments will be due on a quarterly basis 45 days after the close of each calendar quarter with assessments determined based upon assessable child covered lives in the preceding quarter. This is a change from the prior "all covered lives" method used for annual billing.
 - c. To provide added flexibility in payment and advance notice of payment liabilities to payers, during the current state fiscal year (July 1, 2013 through June 30, 2014), NHVA will be collecting all four quarterly payments on what would have been a regular May 15, 2014 due date. All amounts due will be based upon assessable child covered lives during the measuring period of January through March 2014.
 - d. NHVA anticipates posting to its website and mailing notices of assessment rates to all prior payers on or before November 1, 2013. It also anticipates advising payers of the assessment rate applicable for future assessment due dates August 15, 2014, November 11, 2014, and February 15, 2015 in that same notice. **[Note: ALREADY DONE.]**
 - e. There will be no liability on the part of any payer for failure to report or failure to make payments on August 15, 2013, November 15, 2013, or February 15, 2014. (As stated above, instead all of these quarterly amounts will be due 5/15/2014, along with the regular May 15 amount.) Payers are encouraged to subscribe to payer notifications on the NHVA website with respect to information relevant as to future assessments, availability of the assessment reporting system, annual election of payer representatives to the NHVA Board, and similar topics.

2. New Hampshire Vaccine Association website updates.
 - a. Prior to March 1, 2014 KidsVax[®] will update the FAQ and ABOUT US tabs of the NHVA website to conform to descriptions appropriate given the Interim Plan.
 - b. KidsVax[®] will endeavor to afford Board members 48-hour advance notice prior to posting such updated content. KidsVax[®] will greatly appreciate any review and seek to incorporate responsive changes prior to posting. Of course, ongoing review and comment are welcome from Board members at any time throughout this process.
 - c. KidsVax[®] has added a line to the “News and Notices” block at the bottom of the website home page providing a hotlink to Fiscal Year 2013/14 Assessment Processing in accordance with NHVA’s Interim Plan of Operation. **[DONE.]**
 - d. After Board adoption and Commissioner approval of the new Plan of Operation, with companion governance documents (i.e., Articles and Bylaw changes, as needed), these sections will be updated anew for the new Plan.

3. Reaching out to payers.
 - a. KidsVax[®] will welcome any further suggestions as to contact lists which might be used to make contact with new payers. It already has mailed to a new combined list consisting of: (i) the prior NHHP assessment list (that was the source of data for past NHVA assessments), (ii) all licensed insurers and all TPAs known to the New Hampshire Insurance Department, and (iii) the list developed on behalf of the Maine Vaccine Board (MVB). The MVB is a public body which shares New Hampshire’s goal of equitably collecting assessments across the broadest possible base. NHVA will seek to send invitations to those payers to become part of the notification program.
 - b. Now that meeting notification decisions and web support are implemented, NHVA will send e-mails to any lists recommended by Board members to be invited to subscribe to the meeting notification program.

4. Annual Report.
 - a. NHVA has completed the 2012/13 Annual Report in the revised format requested by the Board. Assuming the Board authorizes publication at the meeting, it will, within the next thirty (30) days mail that to all payers along with a reminder of the Interim Plan procedures as a separate mailing sometime prior to the end of February.
 - b. KidsVax[®] requests direction from the Board as to whether or not the narrative report should be mailed to the New Hampshire legislators along with its indication that it has understood and responded to suggestions that NHVA undertake additional public information initiatives, perhaps including in that communication the outline of whatever public information steps are authorized by the Board along with this Annual Report and reference to NHVA’s updated website.

VaxFacts

Dear Friends & Colleagues,

2013 marked the 11th year of operation for NHVA. NHVA is committed to improving access to childhood vaccines while reducing health care costs. We are pleased to report dramatic successes on both fronts. Thanks to the efforts of NHVA's key constituents—insurers, providers, and the NH Departments of Insurance and Health & Human Services—NH's universal purchase program has provided a steady vaccine supply to our children and resulted in the state being ranked 2nd in the nation for childhood immunization. The program also produced \$4.5MM dollars in health care cost savings this year*, for a cumulative savings of over \$45MM dollars.

NHVA continues to simplify vaccine financing for payers and providers. Special thanks go out to the NH legislature for revising NHVA's governing statute to ensure that assessments are shared equitably among payers. To implement these revisions, NHVA launched an improved website and created a new assessment tool that will allow payers to submit reports online starting in 2014.

There is also good news for providers. After a federal policy change was announced that would have required providers to keep separate vaccine inventories for publicly and privately insured children, the NH Department of Health & Human Services received CDC approval for an alternative plan for tracking inventories, removing that burden from providers.

NHVA remains grateful for your continuing support as it works to reduce the occurrence of vaccine preventable disease and to protect the health of NH's children.

Susan M. Tenney
Susan M. Tenney, Board Chair

Fred L. Potter
Fred L. Potter, Executive Director

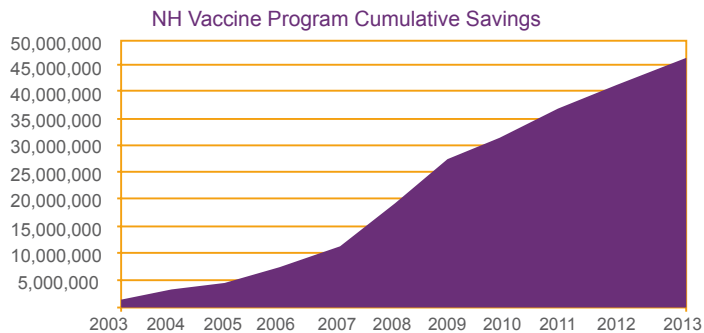
WWW.NHVACCINE.ORG

What is a Universal Purchase Program?

Universal purchase ensures that all children have access to critical vaccines. New Hampshire's program allows the state to purchase vaccines for every resident child, regardless of insurance coverage or income, and to distribute the vaccines to providers free of charge. The New Hampshire Vaccine Association funds universal purchase through a cooperative approach involving insurers, health care providers, and the NH Departments of Insurance and Health & Human Services.

How does the Universal Purchase Program lower health care costs?

As a universal purchase state, New Hampshire is able to purchase vaccines at substantially discounted federal contract rates. State and federal dollars fund vaccines for low-income and other federally-eligible children, while NHVA covers vaccine costs for privately insured children through assessments collected from insurance carriers. This approach allows state health officials to manage the supply of vaccines, thereby lowering providers' administrative costs and ensuring that the state can quickly supply vaccines to vulnerable patient groups during emergencies or vaccine shortages.



Beyond these immediate savings, improved immunization rates produce long-term savings by eliminating both direct costs of extended treatment and indirect societal costs associated with illness such as missed school or work, disability, or even death.

How does the Universal Purchase Program improve childhood health?

In New Hampshire, every child in every doctor's office has access to life-saving vaccines because the program makes vaccines available to all health care providers. More providers offer immunization services because doctors no longer have to finance the up-front costs of vaccines out of their own pockets or be burdened with complex ordering systems. As a result, New Hampshire has one of the highest immunization rates in the country. A high immunization rate protects vaccinated children, of course, and it also protects the children and adults who are unable to receive vaccinations due to allergies or other health problems. The higher the immunization rate, the lower the odds are that an unvaccinated person will encounter a person carrying a disease.





A Message from the Division of Public Health Services

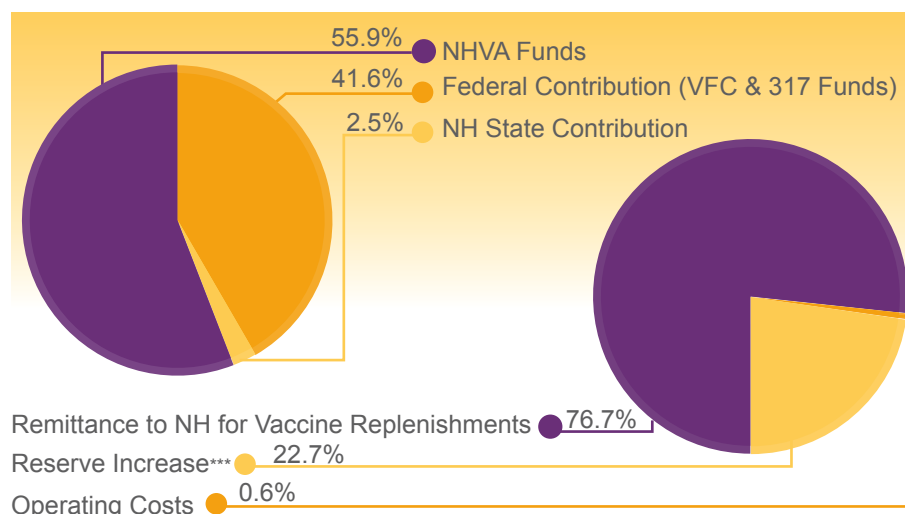
Twelve years before the phrase “reduce barriers to health care” became the rallying cry for the health reform initiatives of 2014, the New Hampshire state legislators had already created the New Hampshire Vaccine Association (NHVA). Ever since NHVA’s inception, this organization of insurers has continued to invest in the health of New Hampshire’s children, guaranteeing vaccine access for all under the age of nineteen years. As a universal vaccination state, New Hampshire has been a recognized leader in childhood vaccines. In 2012, 80.1% of the children between 19 and 35 months of age were vaccinated with ALL of the recommended vaccines (second only to Hawaii’s 80.2%). The New Hampshire State Health Improvement Plan has designated childhood vaccination as a priority for 2013 through 2020 – seeking support from all our strategic partners, including NHVA. We have no doubt that this vital, mission-focused organization will continue to support immunizations, a prevention strategy that has saved millions of dollars and hundreds of lives in the state for over a decade.

José Thier Montero, MD, MHCDS
Director, Division of Public Health Services
www.DHHS.NH.gov/DPHS

FINANCIALS

July 1, 2012 – June 30, 2013

Vaccine Funding Sources (Estimated Total: \$19,485,002)



References: * See report of Peter Smith, Financial Analyst, at www.nhvaccine.org.

** Complete audited financial statements are available at [www.nhvaccine.org/nhvaccine.nsf/documents/FinancialStatement2013.html/\\$File/2013%20Financial%20Statements%20-%20FINAL.pdf](http://www.nhvaccine.org/nhvaccine.nsf/documents/FinancialStatement2013.html/$File/2013%20Financial%20Statements%20-%20FINAL.pdf)

*** Funds reserved by NHVA are for future vaccine purchases and operating costs.



NHVA Board of Directors

INSURER REPRESENTATIVES

Maria M. Proulx
Senior Legal Counsel
Anthem Blue Cross and Blue Shield

Scott Beaudette
Director, Contracting
CIGNA Health Care

Susan Tenney
Harvard Pilgrim Health Care-NE

HEALTHCARE PROVIDER REPRESENTATIVES

Everett Lamm, MD

David Fredenburg, MD

GOVERNMENTAL REPRESENTATIVES

Dr. José Thier Montero
Director
Division of Public Health Services

David Sky
Life, Accident and Health Actuary
New Hampshire Insurance Department

WWW.NHVACCINE.ORG

ADMINISTRATOR:

KidsVax.org

PHONE: 1-855-KidsVax (543-7829)

FAX: 1-855-KidsFax (543-7329)

WEBSITE: www.KidsVax.org

KIDSVAX® STAFF

Fred L. Potter
Executive Director

Claire M. Roberge
Controller

Laurie Beth Pliakos
Staff Attorney &
Communications
Coordinator

Terry Mills
Executive Assistant

Peter Smith
Financial Analyst



**N.H. RSA 126-Q:1—Q:9
NEW HAMPSHIRE VACCINE ASSOCIATION**

[N.H. RSA 126-Q as amended by HB664 (2013 legislative session)]

126-Q:1 Definitions.

In this chapter:

- I. “Assessable coverage” means:
 - (a) Health coverage as defined in RSA 420-G:2, IX;
 - (b) Stop loss coverage that conforms with RSA 415-H:3, or other group excess loss insurance purchased against the risk that any particular claim, or total liability, will exceed a specified dollar amount; or
 - (c) Group health plan, as defined by 42 U.S.C. 300gg-91(a).
- II. “Assessable entity” means any:
 - (a) Health maintenance organization, as defined by RSA 420-B:1, VI.
 - (b) Third party administrator, as defined by RSA 402-H:1, I.
 - (c) Entity providing administrator services and required to register with the insurance commissioner under RSA 402-H:11-a or RSA 402-H:11-b.
 - (d) Insurance company licensed pursuant to RSA 401:1, IV.
 - (e) Health service corporation, as defined by RSA 420-A:1, III.
- III. “Assessable lives” means all children under 19 years of age residing in the state who have assessable coverage written or administered by an assessable entity.
- IV. “Assessment” means the assessable entity’s liability with respect to childhood vaccines determined in accordance with this chapter. For purposes of rate setting and medical loss ratio calculations, all association assessments are considered pharmaceutical or medical benefit costs and not regulatory costs. In the event of any insolvency or similar proceeding affecting any payer, assessments shall be included in the highest priority of obligations to be paid by or on behalf of such payer.
- V. “Association” means the New Hampshire vaccine association.
- VI. “Board” means the board of directors of the New Hampshire vaccine association.
- VII. “Commissioner” means the commissioner of the department of health and human services.
- VIII. “Estimated vaccine cost” means the estimated cost to the state over the course of a state fiscal year of the purchase, distribution, and administration of vaccines purchased at the federal discount rate by the department of health and human services.
- IX. “Provider” means a person licensed by this state to provide health care services to persons or a partnership or corporation made up of those persons.
- X. “Total non-federal program cost” means the estimated vaccine cost less the amount of federal revenue available to the state for the purchase, distribution, and administration of vaccines.
- XI. “Vaccine” means any preparations of killed microorganisms, living attenuated organisms, or living fully virulent organisms that are approved by the federal

Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and have been authorized by the commissioner of the department of health and human services for administration to children of the state of New Hampshire under the age of 19 years for the purposes of producing or artificially increasing immunity to particular life-threatening and disabling diseases.

126-Q:2 Creation of Association.

There is hereby created a nonprofit corporation to be known as the New Hampshire vaccine association. The association is formed to assess assessable entities for the cost of vaccines provided to certain children in New Hampshire.

126-Q:3 Powers and Duties

- I. The New Hampshire vaccine association shall be comprised of all assessable entities.
- II. The New Hampshire vaccine association shall be a not-for-profit, voluntary corporation under RSA 292 and shall possess all general powers of a not-for-profit corporation.
- III. The board of directors shall include:
 - (a) Three representatives selected from the assessable entities currently writing, maintaining child, or administering assessable coverage through a voting process where votes are based on assessable lives. The plan of operation shall provide details for this selection process.
 - (b) Two health care provider representatives appointed by the commissioner.
 - (c) The commissioner of the department of health and human services, who shall serve as an ex-officio member.
 - (d) The commissioner of the department of insurance who shall serve as an ex-officio member.
- IV. The directors' terms and appointments shall be specified in the plan of operation adopted by the New Hampshire vaccine association.
- V. The board of directors of the association shall:
 - (a) Prepare and adopt articles of association and bylaws.
 - (b) Prepare and adopt a plan of operation.
 - (c) Submit the plan of operation to the commissioner of insurance for approval after the consultation with the commissioner.
 - (d) Conduct all activities in accordance with the approved plan of operation.
 - (e) On an annual basis, no later than November 1 of each year, establish the amount of the assessment for the succeeding year.
 - (f) Enter into contracts as necessary or proper to collect and disburse the assessment.
 - (g) Enter into contracts as necessary or proper to administer the plan of

- operation.
- (h) 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.
 - (i) 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.
 - (j) Determine an assessment amount and collect payments from assessed entities in accordance with RSA 126-Q:4.
 - (k) Submit an annual report to the commissioner of insurance, in a manner and form determined by the commissioner, listing the association membership base, providing a count of assessable lives by assessable entity, identifying changes in assessable lives by assessable entity, describing the collection of assessments, listing payment delinquencies, and containing such other related information as the commissioner may require.
 - (l) Allow each assessable entity up to 45 days after the closing of each calendar quarter to report its assessable lives and remit its corresponding assessment amount as calculated pursuant to RSA 126-Q:4.
 - (m) Collect assessments from assessable entities as calculated under RSA 126-Q:4 and deposit said assessments less the association's administrative costs annually and reserves with the state treasurer to the credit of the vaccine purchase fund established pursuant to RSA 141-C:17-a. At the written request of the association following a majority vote of the board of directors, any funds forwarded to the state treasurer for the vaccine purchase fund remaining unexpended for childhood vaccines, shall promptly be returned to the association.
 - (n) Be authorized to enter into one or more agreements with other applicable authorities in surrounding states to reduce the risk of duplicate assessments and to assure availability of vaccines for children who are residents of this state but who receive vaccination services in other states. Any costs relating to any such agreement shall be considered additional vaccine costs of the program for purposes of determining the association's assessments.
 - (o) Perform any other functions as may be necessary or proper to carry out the plan of operation.
 - (p) Adopt procedures by which affiliated assessable entities calculate their assessment on an aggregate basis and procedures to ensure that no assessable life is counted more than once. Unless otherwise determined by the board, the assessable entity responsible for the payment of the provider's administrative costs for childhood vaccines shall be the entity responsible for reporting assessable lives and payment of the corresponding assessment.

126-Q:4 Assessment Determination.

- I. The board shall determine an assessment for each assessable entity in accordance with this section. An assessment determination made pursuant to this section is a pharmaceutical cost and not a regulatory cost for purposes of calculating the carrier's medical loss ratio.
- II. In determining the assessment amount, the board shall:
 - (a) Estimate the total non-federal program cost for the succeeding year;
 - (b) Add its anticipated operating costs for the succeeding year and such additional working capital reserves as may be established by the board from time to time;
 - (c) Add a reserve of up to 10 percent of the anticipated cost under subparagraph (a) for unanticipated costs associated with providing vaccines to children covered; and
 - (d) Subtract the amount of any unexpended assessments collected in the preceding year along with any unexpended interest accrued to the fund during the preceding year.
- III. The board shall include in its plan of operations, details regarding the timing for assessment collections, and the form and format assessable entities shall use to calculate assessments.
- IV. The board shall include in its plan of operation details regarding payment due dates, grace periods, late payment fees, interest, and other details regarding the collection of assessments.
- V. The board may determine an interim assessment for new vaccines or unanticipated shortfalls in the association's ability to meet childhood vaccine funding needs. The board shall calculate the interim assessment in accordance with paragraph II, and the interim assessment is payable the calendar quarter that begins no less than 30 days following the establishment of the federal contract price. The board shall not impose more than one interim assessment per year, except in the case of a public health emergency declared in accordance with state or federal law.
- VI. In the event that the association discontinues operation for any reason, any unexpended assessments, including unexpended funds from prior assessments in the state vaccine purchase fund, shall be refunded to payees in proportion to the respective assessment payments by payees over the most recent 8 quarters prior to discontinuation of association operations.

126-Q:5 Powers and Duties.

In addition to the duties and powers enumerated elsewhere in this chapter:

- I. The commissioner of insurance shall, after notice from the association, issue a show cause order to any assessable entity that fails to comply with the association's plan of operation. In addition to late fees and other penalties imposed by the association, assessable entities may, after a finding of just cause, be subject to a minimum fine of \$5,000, a maximum fine of 25 percent of the total amount of delinquent assessments, and licensure suspension.
- I-a. The insurance commissioner shall annually review the assessment report required

- under RSA 126-Q:3, V(k) to ensure that all assessable entities are participating in the association and that all assessable entities have accurately reported assessable lives. The association shall remedy any problem identified by the commissioner with respect to assessable entities and assessable lives.
- II. The commissioner and the commissioner of insurance may adopt rules, pursuant to RSA 541-A, as necessary to carry out the purposes of this chapter.

126-Q:6. Examinations and Annual Reports

The board of directors shall submit to the commissioner, no later than 120 days after the close of the association's fiscal year, a financial report in a form approved by the commissioner.

126-Q:7. Exemption From Taxes

The association shall be exempt from payment of all fees and all taxes levied by this state or any of its subdivisions, except taxes levied on real property.

126-Q:8. Immunity From Liability

There shall be no liability on the part of and no cause of action of any nature shall arise against any association member or its agents or employees, the association or its agents or employees, members of the board of directors, or the commissioner or the commissioner's representatives, for any action or omission by them in the performance of their powers and duties under this chapter.

126-Q:9. Severability of Chapter

If any provisions of this chapter or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the chapter which can be given effect without the invalid provisions or applications, and to this end the provisions of this chapter are severable.

2014 Proposed Meeting Schedule

DATE	TIME
Tuesday, January 21, 2014	8:30-10:30 a.m.
Tuesday, March 11, 2014	8:30-10:30 a.m.
Tuesday, July 22, 2014	8:30-9:00 a.m. – Audit Committee 9:00-10:30 a.m. Board Meeting
Tuesday, September 23, 2014	8:30-10:30 a.m. – Annual Meeting

January 21, 2014
Proposed Form of Votes - New Hampshire Vaccine Association

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 under Agenda Section 2:

VOTED: To approve the minutes of the November 12, 2013 Board meeting.

[To approve the minutes of the November 12, 2013 Board meeting with the changes suggested at this meeting.]

Item under Agenda Section 5:

VOTED: To approve the NHVA Public Access Policy as presented at this meeting.

[To approve the NHVA Public Access Policy with the changes suggested at this meeting.]

VOTED: To approve the 2014 NHVA Communications Plan as presented at this meeting.

[To approve the 2014 NHVA Communications Plan with the revisions made by the Board at this meeting.]

VOTED: To approve the publication of the 2013 NHVA Annual Report as presented at this meeting.

[To approve the publication of the 2013 NHVA Annual Report with the changes suggested at this meeting.]

Driving Directions to NHVA Board Meeting Locations

New Hampshire Insurance Department (NHID)

From Interstate 93, take the I-89 exit West to Exit 2; Exit right onto Clinton Street into Concord. At the second set of traffic lights, turn left onto Fruit Street. Continue to 21 Fruit Street to the Walker Building (large brick office building) located on the right just before the traffic lights at the corner of Fruit and Pleasant Streets. Enter the circular driveway, park, and enter the building through the front center entrance. Take the elevator to the 2nd Floor. Take a left when leaving the elevator and then take a right. Follow the hallway to the end. Take a left and follow the hallway until you see the sign for the conference room, which is on the right.

Harvard Pilgrim Health Care (HPHC)

From the North: Take Interstate 93 South toward Manchester. After the toll, keep left to take I-293 South/Everett Turnpike toward Manchester Airport/Manchester/Nashua. Take the Granite Street exit, Exit 5, keep left to take the ramp toward Elm Street/The Millyard/Canal Street. Turn left onto Granite Street. 650 Elm Street is on the corner of Granite and Elm Streets. The parking garage is accessible by taking a left into the garage off of Granite Street. Proceed to level 3 – Radisson Hotel. Follow the signs for the office tower to the 7th Floor.

From the South (Nashua): Take the Everett Turnpike North toward Manchester/Concord. Take the Granite Street exit, Exit 5, keep right to take the ramp toward Elm Street/The Millyard/Canal Street. Turn right onto Granite Street. 650 Elm Street is on the corner of Granite and Elm Streets. The parking garage is accessible by taking a left into the garage off of Granite Street. Proceed to level 3 – Radisson Hotel. Follow the signs for the office tower to the 7th Floor.

Hinckley, Allen & Synder LLP (Hinckley Allen)

From the North: Take Interstate 93 South toward Concord. Take the RT-9/Loudon Road exit, Exit 14, toward the State Offices. Turn right onto RT-9/Loudon Road. Take the 2nd left onto North Main Street/US-3/US-202/RT-9. Continue to follow North Main Street to 11 South Main Street on the left. Your destination is just past Pleasant Street Ext. If you reach Freight Street, you've gone a bit too far.

From the South (Nashua): Take Interstate 93 North toward Concord. Take the US-3 N exit, Exit 13, toward Downtown/Main Street. Turn left onto US-3/Manchester Street. Continue to follow US-3 to 11 South Main Street on the right. Your destination is just past Freight Street. If you reach Pleasant Street Ext., you've gone a bit too far.