

**NH Vaccine Association – Board of Directors Meeting
January 19, 2017 – 9:30 to 11:30 a.m.
KidsVax Offices
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, Chair – Harvard Pilgrim Health Care (P)
Marcella Bobinsky, NH DHHS (P)
Laura Condon – Public Board Representative (T)
Elaine Koskela – Cigna (T)
Jason Margus – Anthem (P)
David Sky, NHID (P)

Others:

Larry Hart – Compass Health Analytics, Inc. (T)

KidsVax®:

Fred L. Potter (T)
Nicole G. Price (P)
Claire Roberge (P)
Terry Mills (P)
Matthew Miller – WebEx Monitoring (T)

Absent:

David Fredenburg, M.D. – Healthcare Provider
Edward Moran – Public Board Representative

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the Board Meeting minutes of September 27, 2016, as presented at this meeting.

B. Follow-up Task/Action Items

1. Ms. Bobinsky will provide Ms. Condon with a copy of the CDC policy requiring doctors to replenish wasted vaccine supply.
2. Set up a public meeting to discuss the feasibility of different payment options for the end of year remittance to the state with appointed members of the Board and Delores Cooper.
3. Ms. Price to follow up with Ms. Bobinsky regarding cross-border vaccinations with Maine and New Hampshire.
4. Ms. Price to reach out to the Governor's office regarding appointment to the NHVA Board.
5. Ms. Price to add TRICARE arrears and NHVA's financial contribution to the March agenda.

At approximately 9:30 a.m., a quorum having been established, Chairman Tenney called the meeting to order. The Board was surveyed for additional agenda items. Ms. Bobinsky asked to add agenda items under the DHHS update.

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

VOTED: To approve the Board Meeting minutes of September 27, 2016, as presented at this meeting.

Executive Director Report – Ms. Price presented a brief overview of her Executive Director Report. Governor Hassan's office had concerns about appointing someone to a New Hampshire Board who was not a New Hampshire resident. Consequently, the suggested Meritain representative, who is a New York resident, will not be appointed to the Board. Ms. Price has reached out to the new administration to determine if they want assistance from the Board or if they have someone in mind to fill the open seat for the self-insured entities.

Ms. Price provided a brief update regarding TRICARE and was happy to report that the bill passed and was signed by President Obama on December 23, 2016, to include TRICARE's participation in state universal vaccine purchase programs.

Code of Ethics Affirmation statements were sent to all Board members. Copies were supplied at the meeting as well for those directors desiring to complete their affirmation statement at the meeting.

The DHHS Adult Immunization Grant update requested by Ms. Condon at the September meeting was included for Board review.

Ms. Condon followed up on the status of the request made at the last meeting regarding a request to the Department for reimbursement of overages last year. Ms. Price informed the Board that a letter has been prepared and is ready for Chairman Tenney's signature at today's meeting. Ms. Price expects that it will go out to the Commissioner in today's mail.

Financials as of 12/31/2016 – Mrs. Roberge provided a brief overview of the 12/31/2016 financials. There were no questions by the Board.

DHHS Update – Ms. Bobinsky reported that a letter has been addressed and sent over to the Commissioner for his signature to appoint the second physician board member. A copy of the letter will be going to Susan Tenney. As soon as that letter goes out, the information will be released to the Board. That individual will be appointed prior to the next meeting.

Lisa Morris is the new Director of Public Health. For the past 12 years, she has been the Executive Director of the Lakes Region Public Health Network. She has been very active there and is very familiar with New Hampshire's Public Health System. Ms. Morris will not be assuming this NHVA board seat and has asked Ms. Bobinsky to remain on the Board.

Ms. Bobinsky opened discussion concerning cross-border vaccinations. New Hampshire has always taken the position that if a child comes over into New Hampshire to see their PCP, the child is vaccinated whether it's VFC, federal funds, or with private funds, and it is taken from the State supply. However, Maine has stated that they will not vaccinate New Hampshire children if they come across into Maine. Ms. Bobinsky reported that DHHS has physicians and nurses contacting them from the Maine/New Hampshire border area stating that children are not be vaccinated. After lengthy discussion, it was the sense of the Board that there needs to be a conversation with the Maine Vaccine Board (MVB) to look at working through this concern. Cross-border issues have generally been resolved between Health Departments. Maine has a statutory problem that they need assistance with. Director Bobinsky shared with the Board information regarding the policy for loss and replacement of vaccines supplied by the New Hampshire Immunization Program. Under this policy, providers must purchase and replace lost vaccines on a dose for dose basis at market cost. These are vaccine that were originally purchased with state or federal funds. This policy is in alignment with CDC requirements.

Delores Cooper, the DHHS Finance Administrator, has expressed an interest in meeting with the NHVA to look at the feasibility of changing to quarterly payments throughout the year so that at the end of the fiscal year there is not a large balance one way or the other on a true-up. It was discussed that a statutory change would not be required as Article VI of the Plan of Operation addresses the payment procedure. After extensive discussion, Jason Margus, Marcella Bobinsky, Laura Condon, Susan Tenney, and Nicole Price were appointed to convene for a single public meeting with Ms. Cooper to develop a proposal to be brought to the Board for approval.

New Matters – There was Board discussion about the addition of a November meeting to the 2017 calendar based on the need to have timely review and vetting of the Annual Report by the Board well in advance of its filing deadline. After further discussion, it was decided to keep the October meeting if needed, the January meeting, and add a November meeting for purposes of finalizing the Annual Report which can be called by the Board Chair at any time. If it is determined by the Board that the October and January meetings are not needed, they will be canceled.

Public Comment – There were no members of the public.

Upon motion duly made by Mr. Sky and seconded by Mr. Margus, a unanimous roll call vote was taken by Chairman Tenney to move into Executive Session.

Executive Session – Mr. Potter updated the Board about the pursuit of TRICARE arrears. There is work being done to determine the amount due as the current arrears estimate is based on a 2012 FOIA request. KV has been in Washington meeting with TRICARE as well as members of Congress in order to move the issue of arrears as a priority that has bipartisan support and TRICARE's support. This work cannot be completed until there is a President's budget. Mr. Potter also shared that TRICARE's participation in universal vaccine programs is effective as of January 1, 2017. He also made a request to the Board for a financial contribution to the work needed to pursue the arrears.

The board acknowledged KidsVax®'s decision to name Nicole Price to the position of Executive Director for KidsVax® assigned to the NHVA account. The Board also noted that KidsVax® has worked hard to address the Board's concerns about timeliness of documents, follow-through and meeting logistics. Overall, the Board is pleased with the assignment of Nicole to the NHVA account.

Upon motion duly made and seconded, a unanimous roll call vote was taken to move back into public session.

The Board returned to public session following the executive session and continued the discussion around the CDC policy of requiring doctors to replenish wasted vaccine supply. Ms. Bobinsky shared this is a CDC change that DHHS has to administer. Ms. Condon asked for a copy of the CDC policy.

Upon motion duly made by Ms. Bobinsky and seconded by Mr. Margus, a unanimous roll call vote was taken to adjourn at 11:12 a.m.



c/o KidsVax®, LLC
 P.O. Box 1885 • Concord, NH 03302-1885
 tel 1.855.KidsVax (543.7829)
 fax 1.855.KidsFax (543.7329)
www.nhvaccine.org

What: New Hampshire Vaccine Association (NHVA) Board of Directors Meeting
 Date and Time: Tuesday, January 19, 2017 / 9:30 a.m. – 11:30 a.m.
 Location: KidsVax® Conference Room, 125 North State Street, Concord, NH
 Call-In: **Please register at:**
Registration URL: <https://attendee.gotowebinar.com/register/1129738681237064194>
Webinar ID: 955-909-155
After registering, you will receive a confirmation email containing information about joining the meeting.

NHVA Agendas are subject to revision up to and including the time of the meeting.

Approx. Time	Topic/[Anticipated Action]	Presented by:
9:30-9:35 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
9:35-9:40 a.m.	2. Consent Items * a. Approve Board Meeting Minutes (September 27, 2016) b.	S. Tenney
9:40-9:55 a.m.	3. Business Updates * a. Executive Director Report * b. Financials - 09/30/2016 * c. TRICARE Update	N. Price C. Roberge N. Price
9:55-10:05 a.m.	4. DHHS Update a. Filling Board Seat b. Introduction of New Director of Public Health	M. Bobinsky
10:05-10:15 a.m.	5. Other Matters from Board Members a. b.	S. Tenney
10:15-10:25 a.m.	6. New Matters a. NHVA 2017 Calendar b.	S. Tenney
10:25-10:30 a.m.	7. Public Comment (if any)	
10:30-10:35 a.m.	8. Parking Lot Questions/Concerns (If time allows)	S. Tenney
10:35-10:55 a.m.	9. Executive Session * a. TRICARE Arrears Update (with KidsVax® personnel present) b. Recommendation of Nicole Price as NHVA Executive Director c. Without KidsVax® personnel present	S. Tenney J. Walter F. Potter
10:55 a.m.	[Adjourn]	
	10. Reference Documents * a. Contact Directory * b. Governing Statute * c. 2016/17 Meeting & Annual Governance Calendar * d. Proposed form of votes for this meeting * e. Directions to meeting location	

*Indicates agenda item attached



c/o KidsVax®, LLC
P.O. Box 1885 • Concord, NH 03302-1885
tel 1.855.KidsVax (543.7829)
fax 1.855.KidsFax (543.7329)
www.nhvacvaccine.org

**NH Vaccine Association – Board of Directors Meeting
September 27, 2016 – 9:30 to 11:30 a.m.
KidsVax Offices
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, Chair – Harvard Pilgrim Health Care (P)
Marcella Bobinsky, NH DHHS (P)
Laura Condon – Public Board Representative (P)
Jason Margus – Anthem (P)
David Sky, NHID (P)

Others:

Mark McCue, Esq. – Hinckley Allen (P)
Larry Hart – Compass Health Analytics, Inc. (P)

Public:

Gina Powers – Rath & Young / Merck (T)

Absent:

David Fredenburg, M.D. – Healthcare Provider
Elaine Koskela – Cigna
Edward Moran – Public Board Representative

KidsVax®:

Fred L. Potter (T)
Nicole G. Price (P)
Claire Roberge (P)
Terry Mills (P)
Matthew Miller – WebEx Monitoring (T)

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (votes adopted)

1. To approve the Board Meeting minutes of June 21, 2016, as presented at this meeting.
2. To accept the resignation of Dr. Everett Lamm with appreciation for his service and best wishes in his new position.
3. To approve the publication of the 2015/2016 Audited Financials as recommended by the Audit Committee, as amended.
4. To set the 2017 assessment rate (payable as of May 15th 2017, August 15th 2017, November 15th 2017, and February 15th 2018) at \$10.30 per child covered live per month.
5. To make a request to the Department of Health & Human Services for reimbursement of the overage for last year in the amount of \$3,267,371 pursuant to RSA 126-Q:3V(m).
6. To accept the format of the Annual Report to the Insurance Commissioner pending further research of the data.
7. To waive the late payment of interest as requested by Cigna in the amount of \$2,486.91.

B. Follow-up Task/Action Items

1. Ms. Price will forward the name of an individual from Meritain, interested in a seat on the Board, to the Governor's office for consideration.
2. KidsVax® will communicate with DHHS regarding any overage paid in September of each year and will notify the Board accordingly.
3. Ms. Bobinsky and Ms. Price will research the data used in the Annual Report to the Insurance Commissioner regarding assessable lives.
4. Ms. Price will redo the actual numbers for the Annual Report to the Commissioner and send it around for Board comment.
5. Ms. Bobinsky will provide an update on the CDC grant for education and outreach for adult vaccines.
6. Mrs. Mills will send out meeting invites based on the 2017 meeting calendar approved at this meeting.
7. Mrs. Mills will cancel the October meeting and remove it from the event calendar on the website as requested by the Board.

Welcome and Introductions

At approximately 9:30 a.m., a quorum having been established, Chairman Tenney called the meeting to order. The Board was surveyed for additional agenda items. Ms. Price added one item concerning an interest waiver request received by KidsVax® from Cigna. Chairman Tenney indicated this item would be addressed under agenda item 6.e. There was a brief discussion concerning the current number of directors constituting a quorum of the Board for voting purposes. Attorney McCue indicated that Board vacancies are not included in the quorum and that a quorum was met.

Consent Calendar

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

VOTED: To approve the Board Meeting minutes of June 21, 2016, as presented at this meeting.
 Chairman Tenney reported that the Board received the resignation of Dr. Lamm from the Board. He has taken a new position in Massachusetts and is moving away. The two physician positions on the Board are filled by nominations from the DHHS Commissioner. Ms. Bobinsky will report on that matter during the DHHS updates.

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

VOTED: To accept the resignation of Dr. Everett Lamm with appreciation for his service and best wishes in his new position.

Business Updates

Executive Director Report – Ms. Price presented a brief overview of her Executive Director Report to allow time to focus on setting the assessment rate. She addressed one item regarding the open position on the Board for a self-insured representative. Ms. Price contacted the Governor's office to ask if they would like assistance from the Board in filling the position. She also looked for a list of self-insured employers but was unable to find such a list. She looked at some of the larger employers within the State of New Hampshire who she thought would be more likely to be self-insured, including Dartmouth-Hitchcock, Delta Dental, and the UNH System. Ms. Price found EBPA, a third party administrator (TPA), that was a possibility to fill the open position. She provided this information to the Governor's office. The representative from the Governor's office indicated they would take the next steps from there. After further discussion, Ms. Price was asked to forward the name of the individual from Meritain, who is interested in a seat on the Board, to the Governor's office for consideration.

NHVA Audited Financials as of 6/30/2106 – Ms. Tenney presented the audited financials in Dr. Fredenburg's absence. The Audit Committee met with Carew & Wells. There were no issues concerning the audit, and they provided a clean opinion. The biggest change in the Statement of Activities is a \$14 M swing from 2015 to 2016 due to the overassessment in the prior year. The Committee agreed to add one footnote on page 7 in the Notes to Financial Statements under the expense allocation to indicate that the \$1 M deficiency from the prior year is included in the \$19 M remittance. The Audit Committee moved to recommend acceptance of these financial statements to the full Board pending that one addition to the footnotes. Chairman Tenney also reported that Ms. Carew offered assistance with setting the assessment if that is the desire of the Board. Ms. Carew charts out several years of assessment setting based on the RSA to understand how the Board sets the assessment and would be happy to work with the Board on assessment setting.

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

VOTED: To approve the publication of the 2015/2016 Audited Financials as recommended by the Audit Committee, as amended.

DHHS Updates

Ms. Bobinsky was pleased to report that the Department of Health & Human Services (DHHS) has received national awards in all three areas—childhood vaccination, adolescent vaccination, and adult vaccination. They continue to do a very good job of making sure that New Hampshire populations are vaccinated, including teens which continue to be vaccinated with the Tdap vaccine, HPV vaccines, and the meningococcal vaccines. Over time there has been a statistically significant increase in the uptake of HPV for young males. Physicians have been watching that over time and the Department is very pleased to see this result.

Ms. Bobinsky reported that she has received names for candidates to fill the vacant healthcare provider seat on the Board. She asked for one name from the Pediatric Society and another from the New Hampshire Immunization Program staff. They are both pediatricians and those names have been sent to the Commissioner. Both individuals are interested, and as soon as the Commissioner makes a final selection, DHHS will send a notification letter out to that individual who will likely be in attendance at the next Board meeting.

At the last Board meeting, it was reported that DHHS received an almost \$900,000 CDC grant for outreach and education for adult vaccines. Ms. Condon asked if Ms. Bobinsky could provide an update with respect to a progress report on how that money is being spent. She did not have specific information available with her, but indicated that two individuals have been hired and they are constantly doing outreach and working with Bi-State Primary Care to get some data regarding adult vaccinations, as there is no way for them to track that information. DHHS does not deal in adult vaccines and has only a small amount that is purchased by 317 funding that is for uninsured adults and for any epidemic, pandemic outbreak vaccines that are needed. Ms. Bobinsky will ask Colleen Haggarty to report on that information and will send it on to the Board.

2016/2017 Assessment Setting

Mr. Hart began with an overview of the 2016/2017 rate setting worksheet he prepared. The worksheet shows a calculated increase in the assessment for 2017 of 2.1%. That is a per covered life assessment of \$10.15 versus \$9.95, which is the current rate. He explained that this amount is fairly close to the CDC typical unit cost increase which runs in the 3-4% range year over year. Mr. Hart thanked Mr. Sky and the Task Force team for taking it upon themselves to review the process to simplify, streamline, and add some transparency while leaving in the Board controls making it easier if adjustments are needed. Mr. Hart used the work of the Task Force and then carried the calculations through in an effort to further simplify the process.

Mr. Hart then explained the various line items in the assessment setting worksheet used to arrive at the 2017 assessment rate. The total forecasted cost of child vaccines for SFY 2017 is \$26.6M which is a reduction of about 6% from last year's forecast. Ms. Bobinsky explained that the reduction reflects a decrease in forecasted non-VFC numbers, vaccines specifically developed to prevent meningococcal B strains, and the HPV vaccine. A lengthy discussion ensued regarding the differences with the Projected Vaccine Expense and how those are calculated. Mr. Sky explained that the differences indicate that NHVA spent \$3.2 M less than what DHHS estimated, which shows up as a carry forward on the spreadsheet.

Mr. Hart included two provisions in the worksheet for calendar year 2017. One is a provision for utilization increases for improved vaccine rates above and beyond what is in the FY 2017 forecast, and the second is a provision for a cost increase. Mr. Hart calculated the expected cost increase based on prior years, at a weighted average basis of 3.5%. Additionally, Mr. Hart used the assumption that the VFC award will increase, along with the cost of vaccines. Further discussion ensued regarding the fluctuations that occur with VFC awards based on calculation of the Medicaid and uninsured populations. Chairman Tenney expressed her concern with the VFC cost of \$200,000. That number is being used to reduce anticipated expenses that are being assessed. Upon continued discussion, the Board decided to not include the provision for VFC cost increase. When calculating the per assessable covered lives, Mr. Hart took a different approach. Rather than using the most recent quarter, he reviewed six quarters to see the variability over an 18-month period and found it is relatively stable. He used the most recent 12-month average to calculate the covered lives.

Mr. Hart explained that he calculated the liquidity reserve and statutory risk reserve in this year's calculations differently than last year. He made the suggestion that the Association hold the \$3.2 M as liquidity reserve rather than as the statutory risk reserve. A liquidity reserve is intended to handle something large and unexpected, so that if the Association needed cash to fund something that it didn't expect, the money would be available. Mr. Hart views the statutory risk reserve as a reserve to handle fluctuations. From a liquidity reserve standpoint, the Association can cover two months, and a 8.5% statutory risk reserve would provide for an additional month. KidsVax® has always recommended a three-month reserve, based on a quarterly assessment. Mr. Hart believes that having a three-month reserve is a reasonable and recommended protection point and would not include it into this year's assessment calculation.

Discussion ensued regarding the \$1.1 M deficiency paid in 2016 and its impact on line 23 of the worksheet. Attorney McCue asked if the \$3.3 M on line 20 of the worksheet is money that has been paid to the State and the Association needs to request a refund or if it is held by the Association. Mr. Sky indicated that it is money held by the State. That money doesn't have to be remitted and is rolled into the following year. The State would consider that amount as a credit toward the assessment funds needed for assessments next year. The question was raised if the State could use those funds for any other purpose. Discussion ensued regarding whether the Association could ask for a refund of those funds. Attorney McCue indicated that by statute if there has been an overpayment, by vote of the Board, the Association can ask the State to return the funds to the Association so that the funds would be held by the Association and not the State. Attorney McCue suggested that it may be more prudent from the Association's perspective to be holding the funds rather than having it held by the State. Following extensive discussion, it was the sense of the Board that \$10.30 would be set as the 2017 monthly assessment rate which reflects removal of the provision for the VFC cost increase.

Upon motion made by Ms. Tenney and seconded by Mr. Margus, it was unanimously

VOTED: To set the 2017 assessment rate (payable as of May 15th 2017, August 15th 2017, November 15th 2017, and February 15th 2018) at \$10.30 per child covered live per month.

Ms. Price asked for clarification regarding if moving forward for next year, the provision for the VFC of \$203,676 will be zeroed out. Mr. Hart indicated that it would be zeroed out for next year, but that line will be left in the worksheet for use if needed in the future.

New Matters

NHVA Remittance to the State for Vaccine Purchase – The discussion concerning a refund from the State for overpayment of funds was reopened. Attorney McCue indicated that the statute, RSA 126-Q:3V(m) allows the Association to request a reimbursement for excess assessments collected during the year. The current Plan of Operation does not prevent the Association from making the request outlined in the Statute, and expressly permits such a request.

Chairman Tenney asked if the Association needs a legal opinion on doing business one way or another. Attorney McCue indicated that because it is not simultaneous that the assessment is due and the State knows with certainty the amount of the overage, it cannot be netted out at the time of payment. Chairman Tenney inquired whether the Plan of Operation would need to be amended if the Association makes a practice of requesting a refund of the overage on an annual basis. It was Attorney McCue's sense that the Plan of Operation does not need to be changed. It can be added for clarity and direction for future Board members and administrators, but it doesn't have to be done now. Going forward the Association will pay what it assesses and when the true-up amount is determined, a refund request will be made to the State if there is an overage. It was the sense of the Board that the overage is typically known by September. Further discussion ensued. KidsVax® was asked to communicate with DHHS each September regarding the overage and to provide that information to the Board.

Upon motion made by Ms. Condon and seconded by Ms. Tenney, it was unanimously

VOTED: To make a request to the Department of Health & Human Services for reimbursement of the overage for last year in the amount of \$3,267,371 pursuant to RSA 126-Q:3V(m).

Location of Future NHVA Meetings – After brief discussion, it was the sense of the Board to continue holding the NHVA Board meeting at the KidsVax® offices.

2017 NHVA Meeting Calendar – After brief review, Mrs. Mills was asked to send out meeting invites based on the 2017 meeting calendar as approved at this meeting. It was also the sense of the Board that the October 11, 2016 meeting tentatively schedule via teleconference will not be necessary. Mrs. Mills will cancel the meeting and remove it from the event calendar on the website.

Report Required by RSA 126-Q:3V(k) – Ms. Price brought this report to the Board’s attention, indicating that it is due to the Insurance Commissioner each year. The Communications Policy specifies a format of how each report must be vetted by the Board before it can be finalized and sent on to the Commissioner. A draft of the report was included in the Board packet. The requirements that must be included in the report are a description of the collection of assessments, whether or not there are any delinquencies in the fiscal year, a summary of the number of assessable entities, the number of assessable lives, and the change from the previous year to the current year based on a fiscal year. There will also be attachments to the report and they would be the membership base actually named out with the total assessable lives for each entity and the change from year to year, a list of any delinquencies if there were any, and a list of entities that are either new members or entities that are no longer members of the Association. Ms. Price indicated that the report itself would be something that is sent around for everyone to see. The exhibits, particularly the exhibit where it talks about each entity with their attributed assessable lives that change year over year, is an attachment that will be sent to the Insurance Commissioner. Ms. Price asked if it needs to be sent around with the report in order to align with the Communications Policy. Attorney McCue indicated that he has always advised associations such as NHVA who have carriers on the Board, that there is a risk of anti-trust violations by sharing market data among competitors. He therefore recommended that the Board review the summary report as provided by Ms. Price, but not the item by item report attachment that will be given to the Commissioner. After further discussion, there was some confusion regarding the number of assessable lives shown in the draft report. Ms. Bobinsky and Ms. Price will research the data regarding assessable lives further. Ms. Price will redo the actual numbers and will send the report around for Board comment. There were no requested changes to the format of the report.

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

VOTED: To accept the format of the Annual K Report to the Insurance Commissioner pending further research of the data and sending the Annual K Report without the exhibits for comment to the directors aligns with the Communication Policy.

Cigna Refund Request – Ms. Price presented a refund request received by Cigna on September 26, 2016. There was a miscommunication while a person was away on vacation that caused a delay in payment. There is interest now due for two companies; one in the amount of \$2,485.14 and the other for \$1.77. Mrs. Roberge explained that under the new program interest is charged after the two weeks allotted for payments to be received. When notified of the payment oversight, Cigna remitted payment immediately. After further discussion, it was the sense of the Board that the oversight was an honest mistake and in the interest of good payer and consumer relationships would waive the interest as requested.

Upon motion made by Ms. Bobinsky and seconded by Ms. Condon, it was unanimously

VOTED: To waive the late payment of interest as requested by Cigna in the amount of \$2,486.91.

Public Comment

There was no public comment.

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

VOTED: To move into Executive Session.

Executive Session [Prepared by outside general counsel, Attorney Mark McCue of Hinckley Allen. KidsVax® representatives were excused.]

The Board of Directors (the “Board”) of the New Hampshire Vaccine Association (“NHVA”) then excused the executive director and staff from the executive session at approximately 11:25 a.m. to discuss personnel matters.

The Board noted that Ms. Price has brought improvements to the administration of NHVA and KidsVax, and has been attentive and proactive regarding Board obligations. The Board also expressed continued dissatisfaction with the KidsVax teleconference system and the meeting delays caused by technical issues that were not addressed in advance of the meetings.

By unanimous roll call vote, the Board voted to end the executive session at 11:30 a.m.

Upon a motion by Ms. Bobinsky and seconded by Ms. Condon, the Board voted to adjourn at 11:30 a.m.

Respectfully submitted,

Mark S. McCue

Secretary pro tem



c/o KidsVax®, LLC
 P.O. Box 1885 • Concord, NH 03302-1885
 tel 1.855.KidsVax (543.7829)
 fax 1.855.KidsFax (543.7329)
 www.NHvaccine.org

Self-Reporting Assessment Results

Applicable Assessment Rate:	\$ 9.95
Number of carriers who have paid:	78
Average monthly child covered lives:	167,220
Assessment Income for the quarter:	\$ 4,991,497.10
Interest dollars collected:	\$ 26.49
Cash and Investments as of 12/31/2016:	\$ 13,941,931.36
Remittance to be Paid to State of New Hampshire in June:	\$ 19,653,132.00

This report serves to update the Board on the progress of action items delineated at the conclusion of the last board meeting, give an overview of other items worked on since the last board meeting, provide a brief synopsis on the progress of TRICARE, and highlight matters coming before the board for the January meeting.

As requested by the Board, Ms. Price and Director Bobinsky worked together to reconcile the number of assessable lives reported in the Annual (k) Report due to the Insurance Commissioner. This report was delivered to the Insurance Commissioner on time and in compliance with R.S.A. 126-Q:3V.(k). In response to the questions raised around the status of the CDC grant for adult immunization, I have included with this report an update provided by NH DHHS.

At the Board's request, Ms. Price did reach out to the Meritain representative interested in participation on the NHVA and also submitted her name to the Governor's office. In further conversations with the Governor's office, I learned that typically the New Hampshire governor does not fill a board seat with a non-New Hampshire resident. Learning of this issue, the Meritain representative not being a New Hampshire resident and a new governor taking office, we still have a vacant seat for self-insured entities on the NHVA Board. I will continue making efforts to fill this seat.

I am pleased to report that the Annual Report due to the Governor, Speaker of the House, and Senate President was timely filed. This report is required by R.S.A. 126-Q:3V.(p). Thank you for your assistance, your time and offering input to create the final report. The report is filed on the NHVA website. All reporting for 2016 is now complete.

In addition to the completion of many items required to be in compliance with the NH statute, I am also happy to report the passage of the National Defense Authorization Act for 2017 including section 719 that authorizes TRICARE's participation in universal vaccine purchase programs. Congress passed the Act in the beginning of December and President Obama signed the Act into law on December 23, 2016. While the law does not make participation mandatory, it does give TRICARE authority to participate and also allows for further negotiations regarding the arrears owed by TRICARE.

With the annual reports required to be filed by the NHVA being due in the last quarter of the calendar year, we start the year with one item that must be completed in compliance with the NHVA

policies. To this end, you will receive the Code of Ethics prior to the board meeting. A signed affirmation statement from each board member is due each year by January 31st. Additionally, there are a few agenda items that would benefit from the Board's discussion. While the Board set the calendar for meetings for 2017 at the last Board meeting, a discussion on having a November meeting instead of a January meeting would be very helpful. This question arises due to the timing of the annual report and the NHVA meetings as they are currently set.

Thank you for working with me as we ensure that NHVA is fulfilling its statutory mandates. I appreciate your time and knowledge as I have stepped into the field of vaccine funding administration. I believe we ended the year well and I look forward to an even better year as we continue to work together.



Nicole G. Price, writing January 8th for the January 19, 2017 board meeting

TO: NHVA Board
FROM: NH DHHS
RE: Adult Immunization Grant Update

Adult Immunization Grant Update

September 27, 2016

In September 2015, the NH Immunization Program was awarded an adult immunization grant financed by the Prevention and Public Health Funds (PPHF 2015) for the purpose of increasing awareness, and implementation of the Standards for Adult Immunization Practices through partnerships with state and local immunization programs. The overall goals are to increase individuals' knowledge about adult immunizations and to increase immunization coverage against vaccine preventable diseases.

Along with two new Adult Program staff, a Public Health Nurse and a Program Assistant, the NHIP continues to build on our strong partnerships with our external partners. Specifically, the NHIP is working with seven Community Health Centers, two Walgreens pharmacies, and two large hospital systems. Our Public Health Nurse is conducting site visits with these participating partners, providing education and resources related to standard immunization protocols, quality improvement strategies and quality assurance. Our Program Assistant is working on additional outreach strategies with our internal and external partners, focusing on the general public.

This is an exciting time for the NH Immunization Program, as we work collaboratively with many different individuals and organizations to increase awareness surrounding adult immunizations, with the goal of protecting individuals from vaccine preventable diseases.

New Hampshire Vaccine Association

Statement of Financial Position

December 31, 2016

	A	B
1	ASSETS	
2	Current assets	
3	Cash and cash equivalents	
4	Cash	\$ 13,689,263.67
5	Short-term investments	252,667.69
6	Prepaid expenses	496.13
7	Assessments receivable	1.13
8		<hr/>
9	Total current assets	13,942,428.62
10		<hr/>
11	Total assets	\$ 13,942,428.62
12		<hr/>
13		
14	LIABILITIES AND NET ASSETS	
15	Current liabilities	
16	Accounts payable	-
17	Assessment payable	-
18		<hr/>
19	Total current liabilities	-
20		
21	Net assets	
22	Unrestricted net assets	250,000.00
23	Temporarily restricted net assets	13,692,428.62
24		<hr/>
25	Total net assets	13,942,428.62
26		
27	Total liabilities and net assets	\$ 13,942,428.62
		<hr/>

Unaudited - For Management Purposes Only
Prepared by KidsVax, LLC

New Hampshire Vaccine Association
Statement of Activities and Changes in Net Assets

NHVA Board Meeting 2017-01-19 Pg. 10

	A	C	D	E
	3 Months Qtr Ending 09/30/16	6 Months Year to Date 12/31/16	Approved Budget	Remaining Budget
1 Unrestricted net assets				
2 Revenue and other support				
3 Net assets released from restrictions				
4 Assets released for operations	\$ 40,031.65	\$ 72,856.97	\$ 162,072.00	\$ 89,365.03
6 Expenses				
7 Administration expenses				
8 Administrative services				
9 Fixed compensation	27,818.52	55,887.45	112,025.00	56,137.55
10 Variable compensation	-	-	12,447.00	12,447.00
11 Professional fees				
12 Professional fees - legal	2,741.00	4,429.00	15,000.00	10,571.00
13 Professional fees - audit	6,500.00	6,620.00	9,000.00	2,380.00
14 Total administration expenses	37,059.52	66,936.45	148,472.00	81,535.55
16 Office expenses				
17 Licenses and fees	75.00	75.00		75.00
18 Bank fees	1,408.62	2,868.50	4,000.00	1,131.50
19 Public information	-	-	1,000.00	1,000.00
20 Website	-	-	-	-
21 Total office expenses	1,483.62	2,943.50	5,000.00	2,206.50
23 Board expenses				
24 Insurance	1,488.51	2,977.02	8,000.00	5,022.98
25 Publications	-	-	600.00	600.00
26 Conferences	-	-	-	-
27 Board meetings	-	-	-	-
28 Total board expenses	1,488.51	2,977.02	8,600.00	5,622.98
30 Total expenses	40,031.65	72,856.97	162,072.00	89,365.03
32 Increase (decrease) in unrestricted net assets	-	-	-	-
34 Temporarily restricted net assets				
35 Assessment income	5,018,788.23	10,018,426.09		
36 Investment return				
37 Interest Income from late Assessments	235.37	3,258.27		
38 Interest Income - Investments	5,327.06	10,773.45		
39 Unrecognized gain / (loss) on investments	-	-		
40 Recognized gain/loss on investments	(882.00)	(1,768.90)		
41 Net assets released from restrictions				
42 Remittance to the State of New Hampshire	-	-	19,653,132.00	19,653,132.00
43 Assets released for operations	(40,031.65)	(72,856.97)		
45 Increase in temporarily restricted net assets	4,983,437.01	9,957,831.94		
47 Increase (decrease) in net assets	4,983,437.01	9,957,831.94		
49 Net assets, beginning of period	3,984,596.68	3,984,596.68		
51 Net assets, end of period	\$ 8,968,033.69	\$ 13,942,428.62		

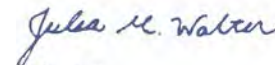
Unaudited - For Management Purposes Only - Prepared by KidsVax, LLC

We did it! On December 8, Congress passed the National Defense Authorization Act for 2017 with Section 719 providing for TRICARE's participation in state universal vaccine purchase programs. President Obama is expected to sign the Act into law soon. This groundbreaking measure ensures that the Defense Health Agency can pay its equitable share of immunization costs on behalf of its beneficiaries utilizing state supplied vaccine. Prior to this bill's enactment, either state treasuries or private insurers had to bear the financial burden of vaccine costs for children with military insurance, totaling by the end of this year \$36 million dollars.

We would like to thank everyone serving on the TRICARE Multistate Equitability Committee and their corresponding department of health representatives who have dedicated their time and expertise to determine how to secure TRICARE's participation. Without their knowledge and steadfast commitment, the passage of Section 719 would have been an unobtainable victory. Our shared goal of ensuring universal vaccine access for all in-state children through collaborative solutions and innovation has resulted in stable vaccine funding from both public and private insurers.

There is still work to be done in 2017 and KidsVax® staff already has scheduled meetings in Washington, D.C. with TRICARE's general counsel. We will seek to reach agreement on the most efficient way to implement TRICARE's participation in a variety of states. Section 719 also paves a roadway for universal vaccine programs' recovery of arrears owed for TRICARE past non-participation. We hope that the momentum gained this year will not be lost as we move forward with this new legislative initiative.

Please see the Section 719 language below.



Julia G. Walter, MA., Esq.
KidsVax®

chased care components of the military health system.

(II) The frequency of use of telehealth services by covered beneficiaries.

(III) The productivity of health care providers providing care furnished by the Department.

(IV) The reduction, if any, in the use by covered beneficiaries of health care services in military treatment facilities or medical facilities in the private sector.

(V) The number and types of appointments for the receipt of telehealth services furnished by the Department.

(VI) The savings, if any, realized by the Department by furnishing telehealth services to covered beneficiaries.

(f) REGULATIONS.—

(1) INTERIM FINAL RULE.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall prescribe an interim final rule to implement this section.

(2) FINAL RULE.—Not later than 180 days after prescribing the interim final rule under paragraph (1) and considering public comments with respect to such interim final rule, the Secretary shall prescribe a final rule to implement this section.

(3) OBJECTIVES.—The regulations prescribed under paragraphs (1) and (2) shall accomplish the objectives set forth in subsection (a) and ensure quality of care, patient safety, and the integrity of the TRICARE program.

(g) DEFINITIONS.—In this section, the terms “covered beneficiary” and “TRICARE program” have the meaning given those terms in section 1072 of title 10, United States Code.

SEC. 719. AUTHORIZATION OF REIMBURSEMENT BY DEPARTMENT OF DEFENSE TO ENTITIES CARRYING OUT STATE VACCINATION PROGRAMS FOR COSTS OF VACCINES PROVIDED TO COVERED BENEFICIARIES.

(a) REIMBURSEMENT.—

(1) IN GENERAL.—The Secretary of Defense may reimburse an amount determined under paragraph (2) to an entity carrying out a State vaccination program for the cost of vaccines provided to covered beneficiaries through such program.

(2) AMOUNT OF REIMBURSEMENT.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the amount determined under this paragraph with respect to a State vaccination program shall be the amount assessed by the entity carrying out such program to purchase vaccines provided to covered beneficiaries through such program.

(B) LIMITATION.—The amount determined under this paragraph to provide vaccines to covered beneficiaries through a State vaccination program may not exceed the amount that the Department would reimburse an entity under the TRICARE program for providing vaccines to the number of covered beneficiaries who were involved in the applicable State vaccination program.

(b) DEFINITIONS.—In this section:

(1) **COVERED BENEFICIARY; TRICARE PROGRAM.**—*The terms “covered beneficiary” and “TRICARE program” have the meanings given those terms in section 1072 of title 10, United States Code.*

(2) **STATE VACCINATION PROGRAM.**—*The term “State vaccination program” means a vaccination program that provides vaccinations to individuals in a State and is carried out by an entity (including an agency of the State) within the State.*

Subtitle C—Health Care Administration

SEC. 721. AUTHORITY TO CONVERT MILITARY MEDICAL AND DENTAL POSITIONS TO CIVILIAN MEDICAL AND DENTAL POSITIONS.

(a) **LIMITED AUTHORITY FOR CONVERSION.**—

(1) **AUTHORITY.**—*Chapter 49 of title 10, United States Code, is amended by inserting after section 976 the following new section:*

“§977. Conversion of military medical and dental positions to civilian medical and dental positions: limitation

“(a) PROCESS.—The Secretary of Defense, in collaboration with the Secretaries of the military departments, shall establish a process to define the military medical and dental personnel requirements necessary to meet operational medical force readiness requirements.

“(b) REQUIREMENTS RELATING TO CONVERSION.—A military medical or dental position within the Department of Defense may be converted to a civilian medical or dental position if the Secretary determines that the position is not necessary to meet operational medical force readiness requirements, as determined pursuant to subsection (a).

“(c) GRADE OR LEVEL CONVERTED.—In carrying out a conversion under subsection (b), the Secretary of Defense—

“(1) shall convert the applicable military position to a civilian position with a level of compensation commensurate with the skills and experience necessary to carry out the duties of such civilian position; and

“(2) may not place any limitation on the grade or level to which the military position is so converted.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘military medical or dental position’ means a position for the performance of health care functions within the armed forces held by a member of the armed forces.


“(2) The term ‘civilian medical or dental position’ means a position for the performance of health care functions within the Department of Defense held by an employee of the Department or of a contractor of the Department.

“(3) The term ‘conversion’, with respect to a military medical or dental position, means a change of the position to a civilian medical or dental position, effective as of the date of the manning authorization document of the military department making the change (through a change in designation from military to civilian in the document, the elimination of the listing of the position as a military position in the document, or through any other means indicating the change in the document or otherwise).”.



MEMORANDUM

TO: Susan Tenney, Chair, New Hampshire Vaccine Association (NHVA)

FROM: Fred L. Potter, Executive Director 

DATE: January 6, 2017

RE: Recommendation Concerning NHVA Executive Director Role

Sue, as I mentioned to you preliminarily last fall, KidsVax® has proceeded with its management strengthening and reorganization. Julia G. Walter, Esquire, who was with me during her orientation phase starting two years ago, has become the Executive Director of the Washington Vaccine Association (WVA) and Alaska Vaccine Assessment Program (AVAP). KidsVax® recently promoted her to the position of CEO, Northwest Region, where she has full lead responsibility and authority with respect to that region.

Similarly, Nicole G. Price, Esquire, was promoted at the end of the year to Northeast Region CEO. Nicole was able to build upon her depth of management experience even more rapidly than we had anticipated. We are pleased that her unique skillset ported so remarkably well to the vaccine assessment program administrative work. Nicole has been named the lead service agent and relationship manager (effectively the lead administrator) for the Maine Vaccine Board (MVB) and Executive Director for both the Vermont Vaccine Purchasing Program (VVPP) and the Rhode Island Vaccine Assessment Program (RIVAP).

As you have seen firsthand, Nicole quickly stepped into the Deputy Executive Director role with NHVA and has been effective in completing, in accordance with the NHVA Board's policy directives, all the projects which were pending at the time she joined KidsVax®. Of course, I was with her at each step in the outset, but she soon moved into the lead and now is well in charge of all regular operational support for NHVA.

This restructuring has positioned all of our clients for greater management depth from KidsVax® with more focused first line responsibilities (Nicole and Julia in their respective regions), the backup availability of each of the Regional CEOs for the other, and my further availability as backup and for special projects work. As the states have experienced over the last year, this has further improved timeliness of KidsVax® support, provided for standby redundancy, and enabled us to make breakthroughs in new areas. In addition to IT updates which largely were transparent to clients, we were successful in obtaining TRICARE payment authorization. That required strategic focus and the management of outside resources (e.g., Washington, DC legislative council and congressional information-focused communications personnel).

These favorable developments, I believe, make more than timely this recommendation that Nicole be designated Executive Director of the NHVA, replacing me in that role. No Deputy Executive Director would be needed going forward since the structure, as outlined above, will provide ongoing backup for Nicole. KidsVax® recommends that this designation be changed effective as of the time of an appropriate Board vote at its January 2017 meeting.



I will be happy to provide any further backup which may be helpful to the Board in consideration of this matter. As it turns out, at the time of the January meeting, I am scheduled to be meeting with Julia and congressional leaders in Washington, DC about the TRICARE arrears funding effort we have initiated now that the go forward payment authorization is in place. I will be happy to be available by telephone call to speak to this recommendation if that is helpful.

Meanwhile, best wishes for a great start on 2017!

cc: Nicole G. Price, Deputy Executive Director



BOARD OF DIRECTORS

Insurer Representatives [RSA 126-Q:3, III.(a)]

Jason Margus, F.S.A., M.A.A.A.
Anthem Blue Cross & Blue Shield
1155 Elm Street, Suite 200
Manchester, NH 03101-1505

Telephone: 603-541-2021
E-mail: Jason.margus@anthem.com

Elaine Koskela
Senior Contract Manager
CIGNA Health Care
Two College Park
Hooksett, NH 03106

Telephone: 603-268-7193
E-mail: Elaine.Koskela@Cigna.com

Susan Tenney
Manager, Network Contracting
Harvard Pilgrim Health Care-NE
650 Elm Street, 7th Floor
Manchester, NH 03101

Telephone: 603-656-9594
Facsimile: 603-656-9565
E-mail: Susan_Tenney@hphc.org

Healthcare Provider Representatives [RSA 126-Q:3, III.(b)]

[Currently one vacant seat]
[Appointed by DHHS Commissioner]

David Fredenburg, M.D.
27 Hazelwood Road
Hudson, NH 03051

Telephone: 603-598-0996
Cell: 603-321-6664
E-mail: fredenburg.david@gmail.com

Governmental Representatives [RSA 126-Q:3, III.(c)&(d)]

David Sky, F.S.A., M.A.A.A.
Life, Accident and Health Actuary
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

Telephone: 603-271-2506
Facsimile: 603-271-1406
E-mail: David.Sky@ins.nh.gov

Marcella J. Bobinsky, MPH
Chief, Bureau of Public Health Systems
Policy and Performance Division of
Public Health Services
New Hampshire Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-6504

Telephone: 603-271-4110
E-mail: mbobinsky@dhhs.state.nh.us

Representatives of Self-Insured Entities [RSA 126-Q:3, III.(e)]

[Currently vacant]
[Appointed by the Governor and Council]

Members of the Public [RSA 126-Q:3, III.(f)&(g)]

Edward P. Moran
Former State Legislator
19 Ministerial Road
Bedford, NH 03110
(Appointed by the Speaker of the House)

Telephone: 603-472-5912 x2016
E-mail: edpmoran@gmail.com

Laura Condon
12 Brick Mill Road
Bedford, NH 03110
(Appointed by the President of the Senate)

Telephone: 603-471-0787
E-mail: vaxchoicenh@gmail.com

NEW HAMPSHIRE GOVERNMENTAL AUTHORITIES

NH Department of Health & Human Services

Jeffrey A. Meyers, Commissioner
NH Dept. of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Telephone: 603-271-4331
Facsimile: 603-271-4912
Assistant: Kathleen Henderson 603-271-4334
E-mail: kHenderson@dhhs.state.nh.us

NH Insurance Department

Roger A. Sevigny, Commissioner
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301-2430

Telephone: 603-271-2261
Facsimile: 603-271-7851
E-mail:
Assistant: Sandy Barlow 603-271-7973 x 202

KidsVax®

Nicole G. Price, Esquire
P.O. Box 1885
Concord, NH 03302-1885

Telephone: 844-459-9102 (Direct Line)
Facsimile: 844-459-9102 (Direct Fax)
E-mail: NPrice@KidsVax.org

Claire M. Roberge
P.O. Box 1885
Concord, NH 03302-1885

Telephone: 855-556-4102 (Direct Line)
Facsimile: 855-556-4102 (Direct Fax)
E-mail: CRoberge@KidsVax.org

Terry Mills
P.O. Box 1885
Concord, NH 03302-1885

Telephone: 855-556-4103 (Direct Line)
Facsimile: 855-556-4103 (Direct Fax)
E-mail: TMills@KidsVax.org

Supporting Independent Contractors

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

Telephone: 757-470-7429
E-mail: PSmith@KidsVax.org

Larry Hart, Director, Risk Consulting Services
Compass Health Analytics, Inc.
254 Commercial Street, 2nd Floor
Portland, ME 04101

Telephone: 207-541-4900
E-mail: lhart@compass-inc.com

BOARD GOVERNANCE ROLES

Officers

Chair: Susan Tenney
Vice-Chair: David Sky
Treasurer: David Fredenburg, M.D.
Secretary: Elaine Koskela

Finance/Audit Committee

David Fredenburg, M.D. – Chairman
Susan Tenney – Vice-Chair
David Sky
Laura Condon
Jason Margus

Legislative Task Force

Susan Tenney
David Sky (or his designee)
Ms. Bobinsky
Ms. Koskela
Mark McCue, Esq. (provide legal counsel)

Governance Committee

David Sky – Chairman
Susan Tenney
Laura Condon
Mark McCue, Esq. (provide legal counsel)

Assessment Process Improvement Task Force

David Sky – Chairman
Susan Tenney
Jason Margus
Laura Condon
Dolores Cooper, DHHS Finance Representative

**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, with the exception of children whose vaccines are paid for under the federal Vaccines for Children program, established under 42 U.S.C. section 1396s.
- 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.

updated RSA 126-Q

- 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.
 - (e) One member appointed by the governor and council who shall represent self-insured entities.
 - (f) One public member appointed by the speaker of the house of representatives.
 - (g) One public member appointed by the president of the senate.
- 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) 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

updated RSA 126-Q

provider's administrative costs for childhood vaccines shall be the entity responsible for reporting assessable lives and payment of the corresponding assessment.

- (p) Submit an annual report regarding the association's activities, its financial reports, and any newly-approved vaccines adopted by the department of health and human services to the president of the senate, the speaker of the house of representatives, and the governor.
- (q) Perform any other functions as may be necessary or proper to carry out the plan of operation.

126-Q:4 Assessment Determination.

- I. The board shall determine an assessment for each assessable entity in accordance with this section, except that no assessment shall be made based on children excluded from assessable lives whose vaccines are paid for under the federal Vaccines for Children program, established under 42 U.S.C. section 1396s. 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

updated RSA 126-Q

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.

Meeting Schedule – 2017

January 2017			
Board of Directors Meeting	Thursday, January 19, 2017	KidsVax®, LLC Concord	9:30 – 11:30 a.m.
March 2017			
Audit Committee Meeting Annual Board of Directors Meeting	Tuesday, March 21, 2017	KidsVax®, LLC Concord	8:30 – 9:15 a.m. 9:30 – 11:30 a.m.
June 2017			
Audit Committee Meeting Board of Directors Meeting	Tuesday, June 20, 2017	KidsVax®, LLC Concord	8:30 – 9:15 a.m. 9:30 – 11:30 a.m.
September 2017			
Audit Committee Meeting Board of Director Meeting	Tuesday, September 26, 2017	KidsVax®, LLC Concord	8:30 – 9:15 a.m. 9:30 – 11:30 a.m.
October 2017			
Board of Directors Meeting (if needed)	Thursday, October 19, 2017	Teleconference & In-Person at KidsVax®	8:30 – 10:00 a.m.

NHVA 2017 Calendar: Year at a Glance

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Publish Q2 Quarterly Financial Report Board Meeting Ethics Affirmation Statements Due	Quarterly Assessment	Audit Committee Meeting Board Meeting	Publish Q3 Quarterly Financial Report	Quarterly Assessment	Audit Committee Meeting Annual Board Meeting Conflict of Interests Statements Due		Quarterly Assessment Publish Q4/FYE Annual Financial Report	Draft VaxFacts Audit Committee Meeting Board Meeting to Set Assessment Rates	Publish Q1 Quarterly Financial Report Board Meeting if needed (TBD) Submit to DHHS Comm. Financial reports from FYE Annual (k) Report to Comm. of Insurance Notify Payers of New Rate as of 1/1/17	Quarterly Assessment	Annual (p) Report to the Governor, Senate President & Speaker of the House



NHVA 2017 Quarterly Meeting Calendar

First Quarter

January	February	March
<p>Publish Q2 Quarterly Financial Report</p> <p>Jan 19: Board Meeting</p> <p>New Assessment Rate Effective January 1</p>	<p>Feb 15: Quarterly Assessment</p>	<p>Mar 21: Audit Committee Meeting</p> <p>Mar 21: Board Meeting</p>
<p>Other Activities</p> <p>1. Complete Annual Ethics Affirmation</p>	<p>Other Activities</p>	<p>Other Activities</p>

Second Quarter

April	May	June
<p>Publish Q3 Quarterly Financial Report</p>	<p>May 15: Quarterly Assessment</p>	<p>Jun 20: Audit Committee Meeting</p> <ol style="list-style-type: none"> NHVA Expense Budget for 2016/2017 Review letter of engagement for Carew & Wells, auditors <p>Jun 20: Annual Board Meeting</p> <ol style="list-style-type: none"> Report on Proxy Submissions Count and Certify Votes for 3 representatives of Assessable Entities under HB664 Adjourn Annual Meeting Review collection results Recommend next year's expense budget Select Directors for term beginning September 1 Elect Officers & Appoint Committees Review Report of Administrator for year's operations Review Discharge of Director Duties
<p>Other Activities</p>	<p>Other Activities</p> <ol style="list-style-type: none"> Work with auditor on FYE 06/30/2016 audit. 	<p>Other Activities</p> <ol style="list-style-type: none"> Conflict of Interests Statements Due

Third Quarter

July	August	September
	August 15: Quarterly Assessment Publish Q4/FYE Financial Report	Sep 26: Audit Committee Meeting with outside auditor <ol style="list-style-type: none"> Review audit report Executive Session Sep 26: Board Meeting <ol style="list-style-type: none"> Accept audit report & authorize release of prior year's financials Set assessment rate for 2018 Executive Session (Administrator's personnel excused) Review 2018 calendar dates
Other Activities <ol style="list-style-type: none"> Work on FYE 06/30/2016 audit. 	Other Activities <ol style="list-style-type: none"> Work on Assessment Setting 	Other Activities <ol style="list-style-type: none"> Draft annual report in condensed "VaxFacts" format Work on Annual (k) report

Fourth Quarter

October	November	December
<p>Publish Q1 Quarterly Financial Report</p> <ol style="list-style-type: none"> 1. Submit to DHHS Commissioner the financial reports from fiscal year end (126-Q:6) <p>Annual (k) Report to Commissioner of Insurance</p> <ol style="list-style-type: none"> 2. Association membership base 3. Count of assessable lives by assessable entity 4. List of payment delinquencies <p>October 19: Board Meeting if needed</p> <ol style="list-style-type: none"> 1. Review Fiscal Year Cost Savings Analysis <p>Other Activities</p> <ol style="list-style-type: none"> 1. Notify payers of new rate effective January 1. 	<p>November 15: Quarterly Assessment</p> <p>Other Activities</p> <ol style="list-style-type: none"> 1. Work on Annual Report for Governor, Senate President & Speaker of the House 	<p>Annual Report – Governor, Senate President & Speaker of the House</p> <ol style="list-style-type: none"> 1. Association activities 2. Financial reports 3. Newly offered vaccines <p>Other Activities</p> <ol style="list-style-type: none"> 1. Work on Annual Report for Governor, Senate President & Speaker of the House 2. Website Review



c/o KidsVax®, LLC
P.O. Box 1885 • Concord, NH 03302-1885
tel 1.855.KidsVax (543.7829)
fax 1.855.KidsFax (543.7329)
www.nhvaccine.org

January 19, 2017
Proposed Form of Votes

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

Items under Agenda Section 2:

VOTED: To approve the minutes of the September 27, 2016 Board meeting.

[To approve the minutes of the September 27, 2016 Board meeting with the changes suggested at this meeting.]

Items under Agenda Section 9:

VOTED: To approve Nicole G. Price as the Executive Director of the NHVA.

[To approve Nicole G. Price as the Executive Director of the NHVA with the changes suggested at the meeting.]

DIRECTIONS TO KIDSVAX®

125 North State Street [at the corner of North State Street and Franklin Street], Concord, NH
Please call (603) 491-8044 or (855) 556-4103 with questions.

From the North:

- Take I-93 South.
- Merge onto US-202 W via Exit 15W toward US-3/North Main Street/Downtown.
- Turn left at the traffic lights onto North Main Street/US-3/US-202 W.
- Take the first right onto Franklin Street (Friendly's Restaurant is on the corner).
- At the rotary on Franklin and North State Streets, proceed half way around the rotary onto Franklin Street.
- Take the first right into the parking lot. KidVax® is located in the yellow Victorian house on the corner of Franklin and North State Streets.

From the South:

- Take I-93 North.
- Merge onto US-202 W via Exit 15W toward US-3/North Main Street/Downtown.
- Turn left at the traffic lights onto North Main Street/US-3/US-202 W.
- Take the first right onto Franklin Street (Friendly's Restaurant is on the corner).
- At the rotary on Franklin and North State Streets, proceed half way around the rotary onto Franklin Street.
- Take the first right into the parking lot. KidVax® is located in the yellow Victorian house on the corner of Franklin and North State Streets.

Please click here for further details: <http://mapq.st/1DAoTFC>

