

**AGENDA**

**Board Meeting**

**March 3, 2021, 9:00 am – 10:30 am**

**Via Webinar**

*An individualized link will be sent to you upon registration*

<b>Time</b>	<b>Agenda Item</b>
<b>9:00-9:05</b>	<b>1. Welcome &amp; Roll Call (S. Tenney)</b> a. Recording Announcement
<b>9:05-9:20</b>	<b>2. Governance (S. Tenney)</b> a. Review and Acceptance of January 13, 2021 Board Meeting Minutes* – <b>VOTE</b> b. Board Member & Addition i. Resignation of Sean Lyons ii. Confirmation of Harold Young to Board of Directors* – <b>VOTE</b> iii. Confirmation of Interim Board Secretary – <b>VOTE</b>
<b>9:20-9:40</b>	<b>3. Executive Director Update (P. Miller)</b> a. January 2021 FYTD Unaudited Financial Statements* b. February 15, 2021 Quarterly Assessment Update* c. Current Legislative Session Updates i. HB 604 (retained) ii. HB 572 (consent agenda)
<b>9:40-9:55</b>	<b>4. Department of Health and Human Services Update (B. Daly)</b>
<b>9:55-10:05</b>	<b>5. Other Business</b>
<b>10:05-10:15</b>	<b>6. Public Comment</b>
<b>10:15-10:30</b>	<b>7. Executive Session – Board Attendance Only</b> <i>Separate Zoom link to access emailed to Board members</i>
<b>10:30</b>	<b>8. Adjournment</b>

\* Supporting document attached

## **NEW HAMPSHIRE VACCINE ASSOCIATION**

### **Board Chair Statement re: Public Commentary During Meetings**

I welcome members of the public and ask that each of you sign the attendance sheet or announce yourself if you are participating by telephone. Please also inform the Board now if you will be recording this meeting.

If the Board has sufficient time to conduct its business, then it is our policy to reserve time later in the meeting for public commentary. This commentary should be limited to matters that are germane to the role of the NH Vaccine Association: namely, the assertion and collection of assessments to fund the non-federal portion of the State's purchase and distribution of vaccines under the federal Vaccines for Children program. The Vaccine Association is not a policy-setting organization, it has no influence over the State's participation in the Vaccines for Children Program, and its role is not to challenge the vaccine program cost estimates provided by the State absent obvious error. Therefore, as Chair of the Board, I reserve the right to interrupt and end any public commentary that is not germane to the business of this Association.

Lastly, I remind the public that the commentary period is not an interactive session. If you have questions for the Board or for its executive staff, please direct them to our Executive Director who will respond in the normal course of Association business.

Thank you in advance for adhering to these public commentary guidelines so that we may have a productive meeting.

**DRAFT**

**MINUTES**

**Board of Directors Meeting**

**January 13, 2021**

**9:00 – 11:00 a.m.**

**Presiding Officer: Susan Tenney, Chair**

A meeting of the of the Board of Directors of the New Hampshire Vaccine Association (NHVA) was held via Zoom Webinar with a quorum present.

The meeting was called to order by Susan Tenney, Chair, at 9:01 a.m.

**1. Welcome and Roll Call**

**Attendance** – The following individuals attended the meeting:

**Board Members:**

Susan Tenney, HPHC, Chair  
Edward Moran, Public Member, Vice Chair  
David Sky, NHID, Treasurer  
Sean Lyons, Cigna, Secretary  
Elizabeth Daly, NH DHHS  
Patricia Edwards, MD, Healthcare Provider  
Jason Margus, Anthem  
Lorraine Radick, RPh, Public Member  
Janice Valmassoi, MD, Healthcare Provider

**Excused Board Members:**

Wendy Lee Parker, HealthTrust

**Other Attendees & Administrative Staff:**

Mark McCue, Esq., Hinckley Allen  
Patrick Miller, Helms & Company, Inc.  
Erin Meagher, Helms & Company, Inc.  
Keith Nix, Helms & Company, Inc.  
Tony Mendez, Helms & Company, Inc.

**Members of the Public:**

Amanda Bemis, Nashua  
Melissa Blasek, State Representative for Merrimack  
Lisa Capellan, Bedford  
Laura Condon, Bedford  
Kenna Cross, State Representative for Merrimack  
Betty Gay, State Representative for Salem  
Sarah Jones Belmont  
Jessica Kliskey, Stratham  
Heidi Kroll, Esq., Gallagher, Callahan, & Gartrell  
Erica Layon, State Representative for Derry  
Andrea Montgomery, Nashua\*  
Diane Pauer, State Representative from Hillsborough  
Lisa Post, State Representative for Hillsborough  
Gina Powers, RYP Granite Strategies\*  
Julie Rosalli, Keene  
Cheryl Rounds, Derry  
Leah Scribner, New Durham\*  
Courtney Stapleton, Nashua  
Laura Tennis\*  
Larisa Trexler, Stoddard

*\*Registered, not documented if they attended.*

Ms. Tenney asked that a roll call for attendance be taken. Upon completion, Mr. Miller announced he was recording the meeting for the facilitation of meeting minutes. Ms. Condon also announced the intention of recording the meeting and asked if a list of the members of the participating public could be announced. Ms. Tenney stated that this information will be made public when the minutes are published. Ms. Condon also advised the group that Board Member Ms. Parker was incorrectly identified in the November minutes as a "Public Member." Mr. Miller stated this will be corrected.

Ms. Tenney welcomed the Board Members, staff, and members of the public to the meeting. She proceeded to read the *Board Chair Statement Regarding Public Commentary During Meetings* drafted by Attorney McCue.

## 2. Review and Acceptance of the November 18, 2020 Board Meeting Minutes

Ms. Tenney asked if there were any questions or comments related to the draft November 18, 2020 minutes. Other than the incorrect listing of Ms. Parker as a "Public Member," there were no other corrections or comments.

**VOTE RECORDED:** *On a motion by Mr. Lyons, seconded by Ms. Radick, by roll call it was*  
**VOTED:** *To accept the November 18, 2020 Board Meeting minutes with the noted correction.*

	<u>Yes</u>	<u>No</u>
Elizabeth Daly	X	
Patricia Edwards, MD	X	
Sean Lyons	X	
Jason Margus	X	
Lorraine Radick, RPh	X	
David Sky	X	
Susan Tenney	X	
Janice Valmassoi, MD	X	

A vote was not recorded for Mr. Moran.

## 3. Executive Director Update

Ms. Tenney asked Mr. Miller to provide his updated. Mr. Miller began with an update on the proposed bill to expand the NH Vaccine Association to include adults aged 19-64. During the 2020 legislative session, the bill passed the House, but the Senate did not take it up at the end of the session. The draft LSR text in the meeting packet was provided last week by the bill's sponsor, Representative Knirk. It is expected to be given a House bill number next week Mr. Miller wanted to ensure the Board had the opportunity to review the current language and to provide the ability to ask any questions or provide comments that could be sent to Representative Knirk. In summary, the legislative intent is to expand the current children's program to include adults between the ages of 19 and 64, excluding adults covered under Medicare. DHHS would administer the program similarly to the way they administer the children's program today and will require the NHVA to assess the carriers to pay for the program. Mr. Miller will keep the board members updated as hearings on the bill are scheduled. The NH Vaccine Association is not taking position on the bill.

Ms. Radick advised the Board that House Bill 572 has been sponsored by Representative Gary Merchant to allow pharmacists, pharmacy interns, and the new category of certified pharmacy technicians to immunize adults for all vaccines. Details of this bill can be found on the Legislature's bill tracking website at [http://gencourt.state.nh.us/bill\\_status/billText.aspx?sy=2021&id=690&txtFormat=html](http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2021&id=690&txtFormat=html).

Discussion ensued as to the administration of the new adult vaccine program if signed into law. Mr. Miller stated his initial thoughts would be to reflect it as a separate program of NHVA in the financial statements for transparency. There will need to be a separate assessment rate setting as there will be a limited set of vaccines for this population with different utilization rates. As written currently, the bill would become effective July 1, 2022. Mr. Miller offered that it would be ideal to have the assessment cycle concurrent with the children's program. Mr. Miller asked if anyone had any comments or questions.

Hearing no questions, Mr. Miller directed the group to page 14 of the meeting packet to review the Statement of Financial Position. Overall, NHVA is in a strong cash position. Mr. Miller highlighted the quarter ended December 31, 2020. NHVA has seen an increase in the savings and checking line items because of the latest assessment

collection period. In terms of short-term investments, there has been a decline as different investment instruments have been called. Called instrument funds have been re-distributed back into the ICS account which right now is earning 40 basis points. Based on an analysis performed by the Bank of New Hampshire, total yield on the short-term investments is running about 1.17% vs. the 4% on the ICS account.

Mr. Miller turned to the Statement of Changes in Net Assets and highlighted the first two lines reflecting assessment income. Overall, NHVA is running nearly \$500K ahead of budget as the loss of covered lives due to the pandemic has been less than forecasted. NHVA is running ahead of budget on all expense line items including bank service charges, professional fees, legal fees, postage, printing, website maintenance, and meeting expenses. There were no questions from any of the Board members related to the quarterly financial reports. Mr. Miller encouraged all members to reach out to him or Mr. Nix if any questions arise.

Mr. Miller reviewed the memorandum dated January 5, 2021, which contains several charts reflecting assessment, Medicaid lives, and unemployment trends. During the assessment rate setting process last fall, it was expected that there would be a larger reduction in covered lives due to unemployment stemming from the pandemic. The orange line with diamond markers on page 16 reflects a continued decline in covered lives, however, it is less sharp than projected with an overall, actual drop of 1.3% in the first three quarters of this year. The chart on page 17 reflects the same information but displays an average number of covered lives for the quarter instead of total, cumulative months for the quarter.

The last two pages related to Medicaid enrollment and unemployment trends. While increasing steadily, the increase shown in Medicaid covered lives is sharper than the decrease NHVA has seen in assessed lives. December 2020 data were released yesterday (not shown) and there is a cumulative increase of children in the standard Medicaid Program 8,858 between February and the end of December 2020. During the same period, the Granite Advantage Medicaid expansion covered lives increased by 17,869.

The last chart reflects US and New Hampshire unemployment numbers of 6.7% and 3.8%, respectively, for November 2020. December 2020 figures are not yet available. These figures are down from the peak in April 2020 of 14.7% for the US and 17.1% for New Hampshire. The November 2020 rates are still higher than the pre-pandemic numbers.

All these data are part of the assessment rate model, and we are monitoring them monthly and beginning to think about the assumptions for September's rate setting process. Ms. Tenney stated the information was helpful and thanked Mr. Miller for his report. There were no further questions or comments.

#### **4. Department of Health and Human Services Update**

Ms. Tenney invited Ms. Daly to provide her update. Ms. Daly began with an update of DHHS vaccine expenditures to date totaling \$7,284,915. She stated that orders have remained steady for several months, and DHHS is not seeing decreases in vaccine orders as was initially seen at the beginning of the pandemic. Providers have been performing routine, preventive-care office visits and catching patients up on any missed vaccines. This has resulted in orders stabilizing.

Ms. Daly shared DHHS's COVID-19 vaccine initiative advising that the vaccine had been in the state for approximately a month. The State has received just under 100,000 doses of vaccine, about 80% of that has been pushed out to vaccination sites, and about 50% of the vaccine has been made available and administered to patients. The doses received are for people 16 or 18 years of age or older, depending on the available formulation. Children are not being vaccinated and will be part of a later strategy. Children are at lower risk and the rollout plan will consider prioritizing children with multiple comorbidities. At this time, there are no vaccines that have been approved for use in those under 16 years of age.

Ms. Daly explained that the current phase is working to vaccinate the staff and residents of long-term care facilities who are very high risk of death currently, healthcare workers, and first responders. The next phase will be age-based and will focus on those 75 and older, along with younger people with multiple medical comorbidities. Next in line will be occupational groups that will be vaccinated, such as healthcare workers, first responders not already vaccinated in phase one, correctional facility officers, and then specifically working to vaccinate staff and residents of facilities that house people with intellectual and developmental disabilities. From there, the allocation plan will broaden to the general public under age 65 with prioritization of those with medical comorbidities.

Initially, the federal agencies were holding back the second dose to guarantee that there is a second dose for anyone who gets the first dose, however, it was announced yesterday that they plan to release those doses so that we can increase the first doses. DHHS has not received notice officially so it is not clear what that means for us specifically. Currently, New Hampshire receives about 17,000 doses per week.

The federal government is absorbing the cost of the vaccine, so it is not impacting the State's budget. Providers can charge an administration fee to all insurers, including Medicaid, Medicare, and private insurers. Patient cost sharing is not allowed. There is a federal provider fund for any individual that is uninsured where providers can seek reimbursement for the administration costs.

Thirteen state-run fixed sites have set up. They have very high throughput and ability to vaccinate people quickly and are not charging administration fees. Hospitals and other types of healthcare providers will eventually have access to the vaccine as well.

Ms. Tenney thanked Ms. Daly stating she found the update to be very informative and helpful.

## **5. Public Comment**

Ms. Tenney opened the floor up to public comment. Ms. Meagher indicated there were two members of the public that wished to speak. Ms. Gay informed the group that she was attending as a State Representative for Salem and she wished to identify herself. Mr. Miller thanked her as it will be helpful for the meeting minutes.

Ms. Condon began by thanking the Board for the opportunity to allow the public to connect and participate in these meetings. Ms. Condon indicated she had a few questions for Ms. Daly related to the COVID-19 vaccine. She asked how adverse reactions to the vaccine were being tracked, how the public could access the information, what the status of the state vaccination registry is, and what has been mandated for tracking.

Ms. Tenney reminded the attendees that this is not an interactive session and we are asking that people reach out to the Administrator via the NHVA website with any Association questions. She asked Ms. Daly if there was a hotline where people can reach out to the Department of Health and Human Services with questions. Ms. Daly advised that people could call the Department or 211 with questions. She offered Ms. Condon to connect with her directly, outside of this meeting and she would be happy to answer your questions.

Ms. Kroll introduced herself and advised that she works at Gallagher, Callahan, and Gartrell representing America's Health Insurance Plans (AHIP). She has been involved with the proposed adult expansion bill and encouraged the Board and the Association to share any thoughts with AHIP as far as optimizing and operationalizing the adult program should it become law. She cited the provider network development and maintenance will be key to the success of the program and will influence the rollout timeline. Ms. Kroll suggested that the adult program's assessment rate setting process be aligned with the children's program process thus moving the draft start date from July 1, 2022 to January 1, 2023. Ms. Kroll stated that she believes NHVA and AHIP share the same goals of program transparency, trying to lower the cost of vaccinating both children and adults, and to have as many people vaccinated as possible. She thanked the Board for the opportunity to speak.

Ms. Tenney asked if anyone else wished to speak. There being no one, she thanked those that did speak and thanked all members of the public for attending.

## 6. Executive Session

Ms. Tenney asked for a motion to move into Executive Session to discuss legal and personnel matters.

**VOTE RECORDED:** *On a motion by Dr. Edwards, seconded by Ms. Daly, by roll call it was*

**VOTED:** *To move to Executive Session at 9:38 a.m.*

	<u>Yes</u>	<u>No</u>
Elizabeth Daly	X	
Patricia Edwards, MD	X	
Sean Lyons	X	
Jason Margus	X	
Lorraine Radick, RPh	X	
David Sky	X	
Susan Tenney	X	
Janice Valmassoi, MD	X	

A vote was not recorded for Mr. Moran.

Mr. Miller explained the current webinar will now end and each Board member will receive a new invitation via email with a separate Zoom link to attend the Executive Session.

## 7. Adjournment

The meeting adjourned after the completion of the Executive Session. Executive Session minutes will be provided separately by Attorney McCue.

Board of Directors Meeting minutes respectfully submitted by  
Sean Lyons, Board Secretary  
January 19, 2021

# # #

## NEW HAMPSHIRE VACCINE ASSOCIATION

### *Board of Directors - Execution Session Minutes 01/13/21*

The Board of Directors (the “Board”) of the New Hampshire Vaccine Association (“NHVA”) voted by unanimous roll call vote to enter executive session at approximately 9:45 a.m. to seek the advice of legal counsel and to discuss a personnel matter.

NHVA’s Executive Director, Patrick Miller, sought guidance from the Board regarding the interactions he is permitted to have with the sponsor(s) of the potential amendments to NHVA’s enabling statute, NH RSA 126-Q. Following the receipt of legal advice from NHVA’s counsel, Mark McCue, regarding the scope of federal tax restrictions on lobbying by 501(c)(3) organizations and the NHVA Communications Policy, the Board confirmed that the NHVA Executive Director has authority to provide factual information about NHVA and the potential impacts on NHVA of the proposed legislation to the bill’s sponsor and advisors, and to engage in discussions and provide recommendations and opinions regarding the non-policy, operational aspects of the proposed legislation. The Board further confirmed that it has not taken a policy position with respect to the proposed legislation.

Mr. Miller then left the meeting and Ms. Tenney informed that Board that the initial term of the contract between NHVA and Helms & Company is ending on September 30, 2021, and will be renewed automatically for a one-year term unless either party gives 180-days’ prior notice of its intention not to renew. By consensus, the Board confirmed that it did not wish to terminate the Helms contract and directed Ms. Tenney to obtain before the 180-day notice period a proposal from Helms regarding its compensation during the renewal term. The Board further authorized Ms. Tenney to negotiate the compensation proposal on behalf of the Board.

There was no other business for executive session.

By unanimous roll call vote, the Board voted to end the executive session at approximately 10:00 a.m., and then the Board voted by unanimous roll call vote to close the meeting.

Respectfully submitted,

*Mark S. McCue*

Secretary pro tem

## Harold Fredrick Young

### PROFESSIONAL EXPERIENCE

#### **Cigna New England, Newton, MA**

*Provider Contracting Lead Analyst November 2020-Present*

- Manages contracting and negotiations for fee for service with physicians, ancillaries and hospitals.
- Supports the development and management of value-based relationships.
- Builds and maintains relationships that nurture provider partnerships to support the local market strategy.
- Supports initiatives that improve total medical cost and quality.
- Manages provider relationships and is accountable for critical interface with providers and business staff.
- Prepares, analyzes, reviews, and projects financial impact of provider contracts and alternate contract terms

#### **Steward Health Care, Needham, MA**

*Senior Contracting Manager, Medicare/Medicaid ACO August 2017-March 2020*

- Chief contractor for Medicaid, Community Partners, and Medicare ACO Post-Acute
- Work closely with legal and other Steward entities in designing contracts and reimbursement methodologies
- Credentialed all providers
- SME on MassHealth and Medicare contracting regulations
- Responsible for building and maintain an adequate and cost effective Post-Acute network
- Liaison between Steward Health Care Network and Post-Acute entities

#### **Beth Israel Deaconess Medical Center, Boston, MA**

*Senior Manager, Care Connection, August 2016-August 2017*

- Manages care transition services provided by 5 nurses and 4 administrative staff for patients, referring physicians across the network, and BIDMC discharging inpatient teams;
- Responsible for in and out of network provider data, including monitoring and feedback on data integrity across all users of the system;
- Identifies work flow and system improvements for accuracy and efficiency, and to ensure optimal clinical communications;
- Maintains a detailed understanding of a growing BIDMC network to identify network integration opportunities related to providers and referrals;
- Provides data reporting and analytics to best understand service needs and access;
- System administrator for call management system used by Care Connection.

#### **Private Consultant, Boston, MA**

*Health Care, Various Entities, November 2015-August 2016*

- Contracting, Credentialing, project management, finance

#### **Commonwealth Care Alliance, Boston, MA**

*Senior Manager, Provider Network Management Contracting and Credentialing, March 2009-November 2015*

- Built the Provider Network for CCA's SCO and One Care Plans consisting of all systems, facilities, primary care, specialty, and ancillary providers;
- Developed all reimbursement methodologies;

- Identify, evaluate, and contract physician and ancillary providers who best meet business needs and provide quality services;
- Negotiate all contracts with providers, including terms, conditions, billing and claims processing, quality standards, expected outcomes, provider incentives as appropriate, and reimbursement;
- Credentialed all providers
- Brought in-house Cactus credentialing software
- In house Medicare/Medicaid expert;
- Provide system support, training, and guidance on the functionality of the network;
- Create and maintains strong working relationships and monitors ongoing activities related to claims resolution, provider information, and contracts;
- Directed 8 individuals responsible for network development;
- Developed and maintained all department policies and procedures;
- Assist and manage with all CMS and state audits

#### **Athenahealth, Inc., Watertown, MA**

*Director Government Programs, October 2006-March 2009*

- Chief contractor for all Medicaid and Medicare plans;
- Served as resident inter-departmental resource and subject matter expert on Medicare and Medicaid related projects and implementations as relates to credentialing, contracting, enrollment, claims submission and reimbursement set up;
- Define policies, procedures, training and documentation requirements to support Watertown, Belfast, and offshore staff;
- Support the design, implementation and management of workflows to facilitate transactions enrollment and electronic data exchange, and improve quality;
- Establish metrics and reporting mechanisms to ensure a quality work product and compliance with Medicare and other federal regulatory agencies;
- Perform on-going proactive analysis of CMS regulations and communicate updates and changes to internal stakeholders;
- Review and analyze payer regulations to ensure Medicare/Medicaid enrollments are compliant with new and changing payer guidelines; and coordinate efforts to correct any deficiencies or gaps identified.

#### **CVS Corporation, Woonsocket, RI**

*Senior Third Party Manager, Government Plans, 2002-2006*

- Managed government and private accounts receivable in excess of \$500M dollars;
- Provided guidance, leadership, and training to 18 direct reports also including all hiring and career development;
- Trained and educated staff on Medicare and Medicaid issues and led ongoing workshops;
- Introduced systems and procedures that allowed CVS to be compliant with regulations pertaining to HIPAA, Medicare, Medicaid and Sarbanes-Oxley;
- Drafted and communicated all policies concerning third party billing and its relationship with government agencies;
- Managed monthly risk, forecast, and budget reports and presented to stakeholders;
- Managed all 3<sup>rd</sup> Party audits.
- Negotiated government agency contracts.
- Full knowledge of Pharmacy and Pharmacy Benefit Manager (PBM) operations.

#### **MILITARY EXPERIENCE**

##### **United States Army Reserve**

*Medical Service Corps Officer, August 1999-October 2012*

- Served as Company Commander for 110 soldiers, mentoring and leading them in one of the most visible Combat Support Hospitals in the United States Army;
- Graduated from Officer Basic School, Pre-Command course, HAZMAT school, Leadership/Staff school, and numerous other courses and seminars during my tenure.
- Operated as contracting officer; Property Book Officer, Purchasing Officer, and Assistant S-4 (Logistics Officer);
- Maintained 100% accountability of over \$80M worth of inventory and completed bimonthly cyclic and sensitive items inventories with no discrepancies;
- Planned, coordinated, and executed the transfer of all DEPMEDS equipment back to Central Region, Heidelberg;
- Efficiently coordinated with the Task Force Falcon Property Branch and Command Group all tasks to include food services, local purchases, lateral transfers, field ordering, ammunition, and sensitive items issue;
- Officer in Charge of the managerial team for transition into a fixed medical treatment facility on Camp Bondsteel, Kosovo
- Presented concise and comprehensive briefings to foreign dignitaries and senior members of the United States Army.

#### EDUCATION

**Northeast Louisiana University, Monroe, LA**

B.A. Psychology, 1996

**Northeast Louisiana University, Monroe, LA**

Post Graduate work in Industrial/Organizational Psychology, 1997

#### MILITARY EDUCATION

**Army Medical Department (AMEDD), Ft. Sam Houston, San Antonio, TX**

Officer Basic School, 2000

**Army Medical Department (AMEDD), Ft. Sam Houston, San Antonio, TX**

Captains Career Course, 2005

#### MILITARY AWARDS

Army Commendation Medal (2), Army Achievement Medal, (4), Kosovo Campaign Medal, National Defense Service Medal, Armed Forces Service Medal, Armed Forces Reserve Medal, Army Service Ribbon, Overseas Service Ribbon, NATO Medal

#### COMPUTER

Microsoft Office Suite, Visio, Project, Publisher, Peachtree, Lotus, PeopleSoft, Kronos; Cactus

#### SECURITY CLEARANCE

Department of Defense, Secret

#### VOLUNTEER EXPERIENCE

Boston Cares, Boston Food Bank, Wounded Warrior Project, BAA

NHVA  
Statement of Cash Flow  
YTD FY2021 Q3  
Month Ended January 31, 2021

	FY21 - Q1 Actual	FY21 - Q2 Actual	FY21 - Q3 Actual Interim	FY21 - Q4 Actual	FY 2021 YTD Actual Interim	FY 2021 YTD Budget Interim	Difference YTD Act to Bud Interim	FY 2021 Annual Budget
<b>Receipts (Source)</b>								
Assessment Income	3,341,697	3,328,287	132,600	-	6,802,584	6,395,485	407,099	12,059,485
Assessment Income - TRICARE (Settlement)	103,217	116,651	-	-	219,868	201,630	18,238	401,145
* Accounts Receivable	-	-	(68)	-	(68)	-	(68)	-
Interest Income - Assessments	163	267	-	-	430	49	381	293
Interest Income - Bank & Sweep (ICS)	13,007	15,039	4,505	-	32,551	34,229	(1,678)	58,679
Interest Income - Investments	23,259	9,854	2,497	-	35,610	55,502	(19,892)	95,146
Dividend Income	21	5	0	-	26	54	(28)	93
Investment Advisory fees	(6,520)	(4,678)	(1,505)	-	(12,703)	(15,969)	3,266	(27,376)
Unrecognized Gain or Loss	1,947	(3,553)	(2,345)	-	(3,951)	-	(3,951)	12,920
Realized Gain or Loss	603	-	-	-	603	7,537	(6,934)	3,616
** Investment - Short term and CDs	2,077,691	174,372	1,352	-	2,253,415	-	2,253,415	-
	5,555,085	3,636,244	137,037	-	9,328,366	6,678,517	2,649,848	12,604,002
<b>Disbursements (Use)</b>								
*** Expenses	32,752	29,675	9,035	-	71,462	86,323	(14,861)	9,736,857
* Prepays & Payables Change	(840)	(840)	3,080	-	1,400	-	1,400	-
Vaccine Expenses	-	-	-	-	-	-	-	-
	31,912	28,835	12,115	-	72,862	86,323	(13,461)	9,736,857
<b>Increase (Decrease)</b>	5,523,172	3,607,410	124,922	-	9,255,504	6,592,194	2,663,310	2,867,146
<b>Cash Balance - Beginning</b>	7,514,560	13,037,732	16,645,141	-	7,514,560	7,514,560	-	7,514,560
<b>Cash Balance - Ending</b>	13,037,732	16,645,141	16,770,063	-	16,770,063	14,106,754	2,663,310	10,381,705

**Notes:**

\* Changes in Balance Sheet accounts are denoted as () = Increases and positive = decrease

\*\* The positive number represents amounts transferred back to the ICS account from the Short Term Investments (CD's)

\*\*\* Budgeted expense includes annual State of NH payment due June 2021

**NHVA**  
**Statement of Financial Position**  
 YTD FY2021 Q3  
 Month Ended January 31, 2021

	Jun 30, 20	Sep 30, 20	Dec 31, 20	Jan 31, 21	Jun 30, 21
	FYE 20	FY21 - Q1	FY21 - Q2	FY21 - Q3	FY21 - Q4
	Audited	Interim	Interim	Interim	Audited
<b>ASSETS</b>					
<b>Current Assets</b>					
Checking/Savings					
Bank of NH #851031104	\$ 50,000	\$ 49,925	\$ 50,000	\$ 50,000	\$ -
Bank of NH - ICS	\$ 7,464,560	\$ 12,987,807	\$ 16,595,141	\$ 16,720,063	\$ -
Total Checking/Savings	\$ 7,514,560	\$ 13,037,732	\$ 16,645,141	\$ 16,770,063	\$ -
Accounts Receivable					
Accounts Receivable (A/R)	\$ -	\$ -	\$ -	\$ 68	\$ -
Allowance for Account Receivable	\$ -	\$ -	\$ -	\$ -	\$ -
Total Accounts Receivable	\$ -	\$ -	\$ -	\$ 68	\$ -
Other Current Assets					
Prepaid Expenses	\$ 1,960	\$ 1,120	\$ 280	\$ 3,360	\$ -
Short Term Investments	\$ 6,814,180	\$ 4,736,489	\$ 4,562,117	\$ 4,560,765	\$ -
Unrecognized Gain or Loss - ST	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Current Assets	\$ 6,816,140	\$ 4,737,609	\$ 4,562,397	\$ 4,564,125	\$ -
Total Current Assets	\$ 14,330,699	\$ 17,775,341	\$ 21,207,538	\$ 21,334,256	\$ -
<b>TOTAL ASSETS</b>	<b>\$ 14,330,699</b>	<b>\$ 17,775,341</b>	<b>\$ 21,207,538</b>	<b>\$ 21,334,256</b>	<b>\$ -</b>
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
Current Liabilities					
* Accounts Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Other Current Liabilities					
Liquidity Reserve	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ -
Total Current Liabilities	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ -
Total Liabilities	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ -
<b>Equity</b>					
Retained Earnings	\$ 10,386,901	\$ 12,234,671	\$ 12,234,671	\$ 12,234,671	\$ -
Fund Balance to be Distributed	\$ 1,846,029	\$ 1,846,029	\$ 1,846,029	\$ 1,846,029	\$ -
Net Income	\$ 1,847,770	\$ 3,444,642	\$ 6,876,839	\$ 7,003,557	\$ -
Total Equity	\$ 14,080,699	\$ 17,525,341	\$ 20,957,538	\$ 21,084,256	\$ -
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$ 14,330,699</b>	<b>\$ 17,775,341</b>	<b>\$ 21,207,538</b>	<b>\$ 21,334,256</b>	<b>\$ -</b>

Notes: \* AP State of New Hampshire Payable (June 2021)

\$ 9,590,307

**NHVA**  
**Statement of Changes in Net Assets**  
YTD FY2021 Q3  
Month Ended January 31, 2021

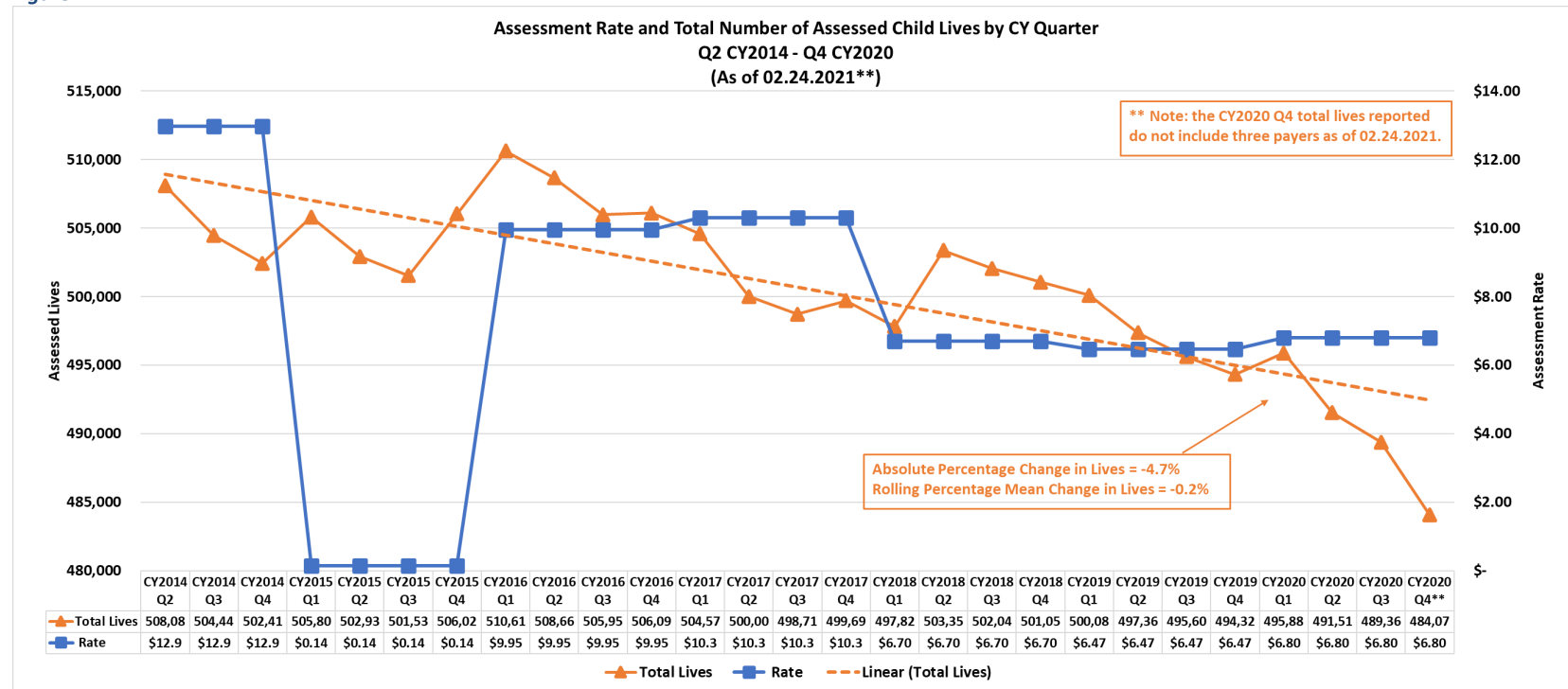
	FY21 - Q1 Actual	FY21 - Q2 Actual	FY21 - Q3 Actual Interim	FY21 - Q4 Actual	FY 2021 YTD Actual Interim	FY 2021 YTD Budget Interim	Difference YTD Act to Bud Interim	FY 2021 Annual Budget
<b>Ordinary Income/Expense</b>								
<b>Income</b>								
Assessment Income	\$ 3,341,697	\$ 3,328,287	\$ 132,600	\$ -	\$ 6,802,584	\$ 6,395,485	\$ 407,099	\$ 12,059,485
Assessment Income - TRICARE (Settlement)	\$ 103,217	\$ 116,651	\$ -	\$ -	\$ 219,868	\$ 201,630	\$ 18,238	\$ 401,145
Interest Income - Assessments	\$ 163	\$ 267	\$ -	\$ -	\$ 430	\$ 49	\$ 381	\$ 293
Interest Income - Bank & Sweep (ICS)	\$ 13,007	\$ 15,039	\$ 4,505	\$ -	\$ 32,551	\$ 34,229	\$ (1,678)	\$ 58,679
Interest Income - Investments	\$ 23,259	\$ 9,854	\$ 2,497	\$ -	\$ 35,610	\$ 55,502	\$ (19,892)	\$ 95,146
Dividend Income	\$ 21	\$ 5	\$ 0	\$ -	\$ 26	\$ 54	\$ (28)	\$ 93
Investment Advisory fees	\$ (6,520)	\$ (4,678)	\$ (1,505)	\$ -	\$ (12,703)	\$ (15,969)	\$ 3,266	\$ (27,376)
Unrecognized Gain or Loss	\$ 1,947	\$ (3,553)	\$ (2,345)	\$ -	\$ (3,951)	\$ -	\$ (3,951)	\$ 12,920
Realized Gain or Loss	\$ 603	\$ -	\$ -	\$ -	\$ 603	\$ 7,537	\$ (6,934)	\$ 3,616
<b>Total Income</b>	<b>\$ 3,477,394</b>	<b>\$ 3,461,872</b>	<b>\$ 135,753</b>	<b>\$ -</b>	<b>\$ 7,075,019</b>	<b>\$ 6,678,517</b>	<b>\$ 396,501</b>	<b>\$ 12,604,002</b>
<b>Expenses</b>								
Bank Service Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,167	\$ (1,167)	\$ 2,000
Vaccine - Annual State Payment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,590,307
Management Fees	\$ 25,000	\$ 26,250	\$ 8,750	\$ -	\$ 60,000	\$ 61,250	\$ (1,250)	\$ 105,000
Professional Fees - Legal	\$ 1,204	\$ 2,016	\$ -	\$ -	\$ 3,220	\$ 70	\$ 3,150	\$ 25,000
Professional Fees - Audit	\$ 5,500	\$ -	\$ -	\$ -	\$ 5,500	\$ 14,583	\$ (9,083)	\$ 8,500
Insurance	\$ 840	\$ 840	\$ 280	\$ -	\$ 1,960	\$ 5,500	\$ (3,540)	\$ 4,000
Postage & Printing (Office)	\$ 133	\$ 83	\$ 5	\$ -	\$ 221	\$ 2,333	\$ (2,112)	\$ 540
Website & SubContractors	\$ -	\$ 486	\$ -	\$ -	\$ 486	\$ 770	\$ (284)	\$ 525
Board Meetings Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 575	\$ (575)	\$ 910
Dues & Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TRICARE - Washington	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Public Information	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Licenses and Fees	\$ 75	\$ -	\$ -	\$ -	\$ 75	\$ 75	\$ -	\$ 75
<b>Total Expenses</b>	<b>\$ 32,752</b>	<b>\$ 29,675</b>	<b>\$ 9,035</b>	<b>\$ -</b>	<b>\$ 71,462</b>	<b>\$ 86,323</b>	<b>\$ (14,861)</b>	<b>\$ 9,736,857</b>
<b>Net Ordinary Income</b>	<b>\$ 3,444,642</b>	<b>\$ 3,432,197</b>	<b>\$ 126,718</b>	<b>\$ -</b>	<b>\$ 7,003,557</b>	<b>\$ 6,592,194</b>	<b>\$ 411,362</b>	<b>\$ 2,867,146</b>
<b>Net Income</b>	<b>\$ 3,444,642</b>	<b>\$ 3,432,197</b>	<b>\$ 126,718</b>	<b>\$ -</b>	<b>\$ 7,003,557</b>	<b>\$ 6,592,194</b>	<b>\$ 411,362</b>	<b>\$ 2,867,146</b>
<b>Collection Data:</b>								
Quarter being collected	SFY21 - Q1	SFY21 - Q2	SFY21 - Q3	SFY21 - Q4				
Payment Due Date	11/15/20	02/15/21	05/15/21	08/15/21				
Projected Average Monthly Lives	153,000	-	-	-				
Actual Average Monthly Lives	163,122	-	-	-				
Avg Lives Variance +(-)	10,122	-	-	-				
Approved Assessment Rate	\$ 6.80	\$ -	\$ -	\$ -				
Actual Average Monthly Lives - TRICARE	4,848	-	-	-				
Additional Assessment Rate - TRICARE	\$ 8.02	\$ -	\$ -	\$ -				

## MEMORANDUM

**To:** NHVA Board of Directors, Helms Staff  
**From:** Patrick Miller  
**Date:** February 24, 2021  
**Re:** **Assessment Trends Update**

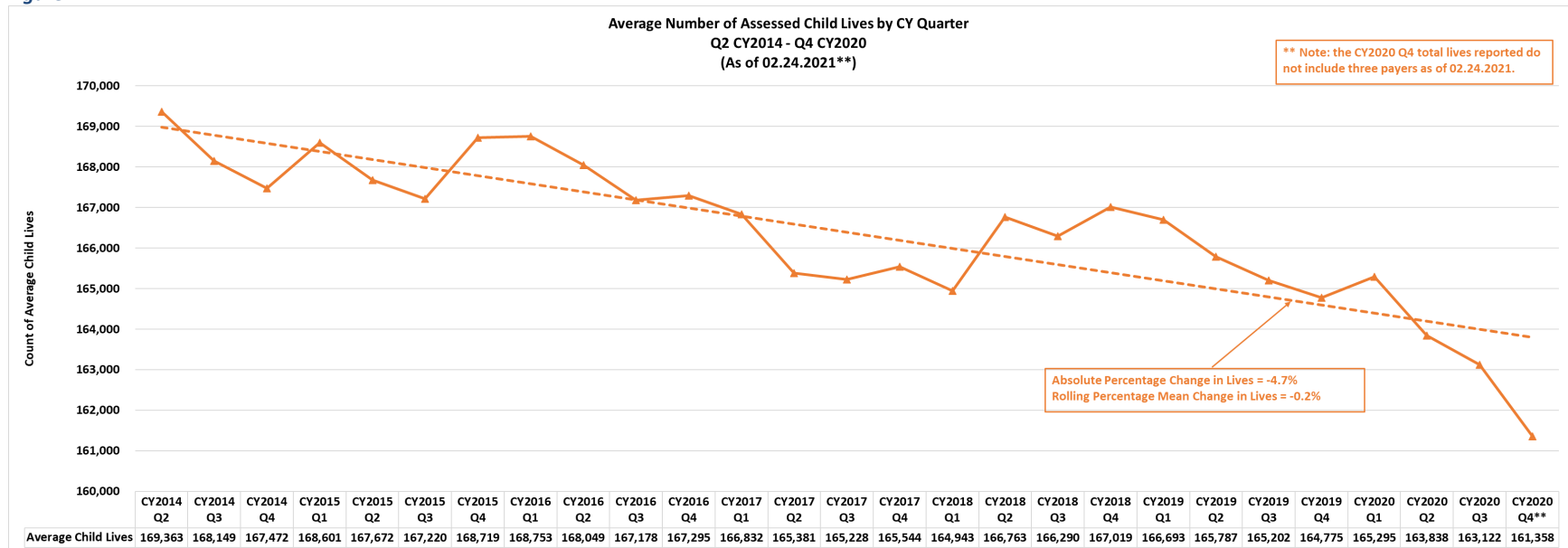
All outstanding filings from the filing period that closed February 15, 2021, except three, have been received. **Figure 1** depicts the long-term trend of total assessed child covered lives in orange. The absolute percentage drop in lives over this time period is 4.7% whereas the rolling percentage mean drop in lives is 0.2%. The absolute percentage drop from Q1 CY2020 to Q4 CY2020 is 2.4%.

**Figure 1**



**Figure 2** depicts the same covered lives trend information as **Figure 1**, but it is shown as the average number of assessed child covered lives for each quarter. The assessment rate setting model assumptions presented at the September 2020 Board meeting assumed 153,000 covered child lives versus the 161,358 shown in the most recent quarter. There was a 3,937 average child life drop between Q1 and Q4 CY2020 as shown in **Figure 2**.

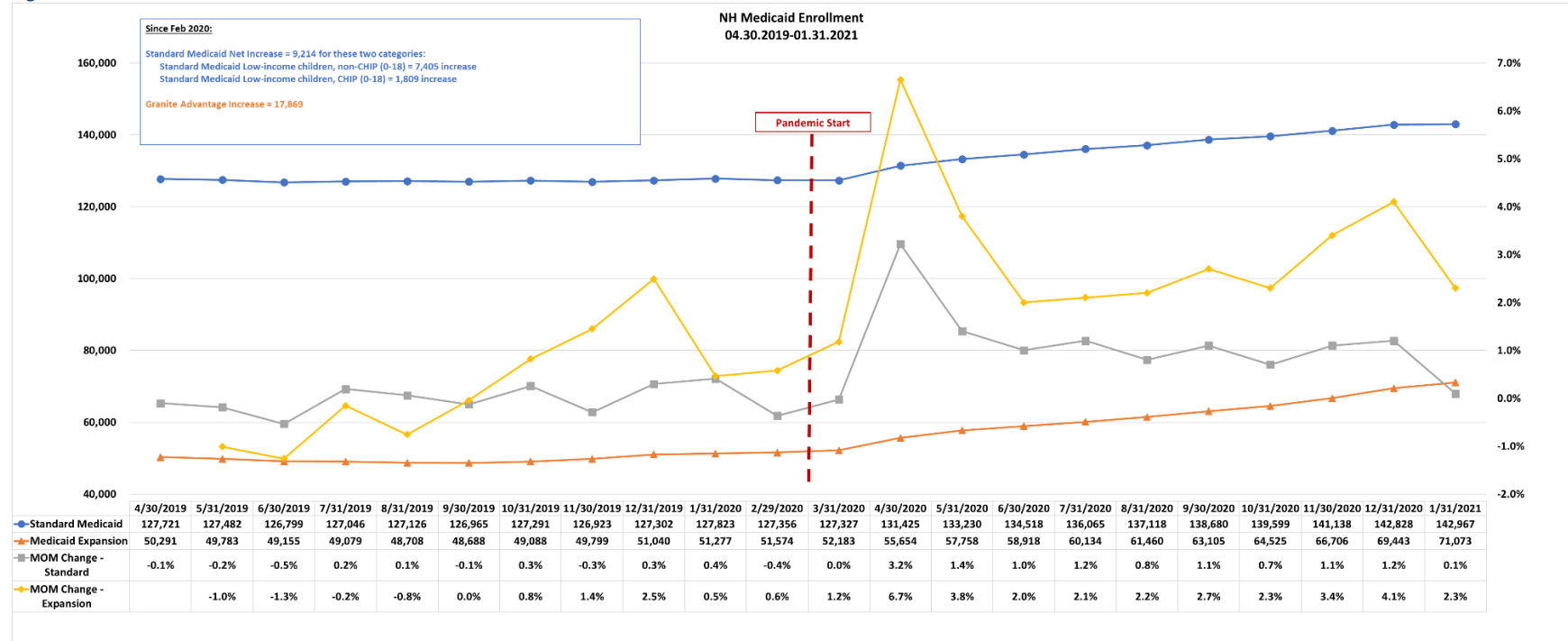
**Figure 2**



[Intentionally left blank]

**Figure 3** depicts the most recent 22 months of NH Medicaid enrollment figures. The child lives for Standard Medicaid increased by 9,124 since the pandemic began, while the total Granite Advantage lives increase by 17,869. The intent of examining Medicaid enrollment is to provide context to the reduction in total assessed child lives as a result of the pandemic.

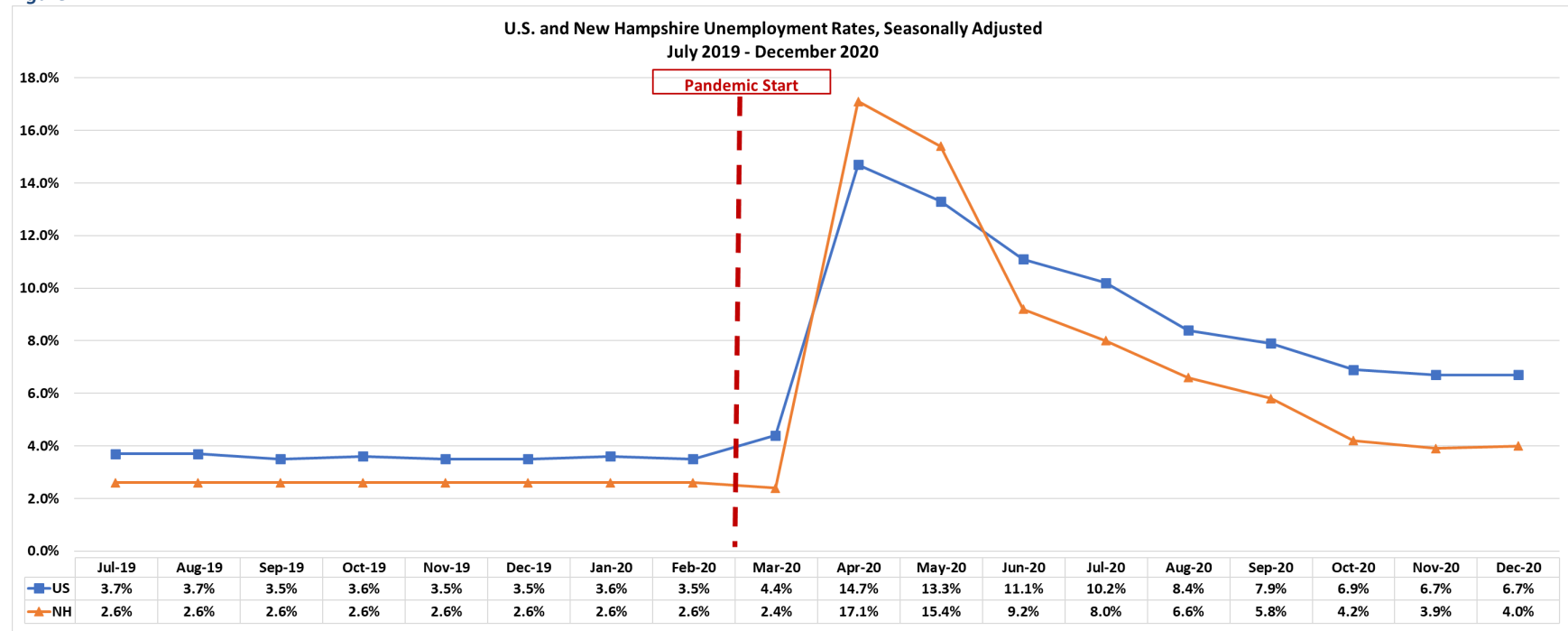
**Figure 3**



[Intentionally left blank]

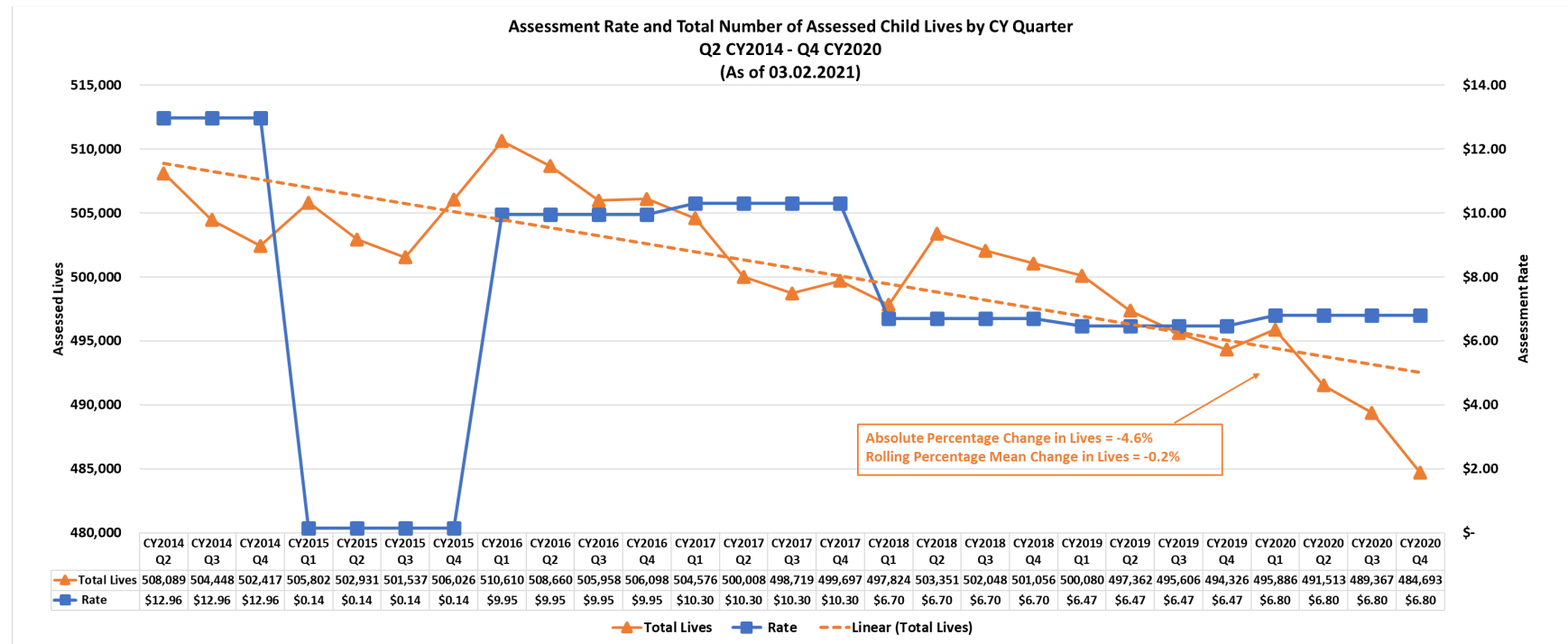
**Figure 4** depicts the most recent 18 months of U.S. and New Hampshire unemployment rates. There has been a steady decline in both rates since the highs seen in April 2020 at the beginning of the pandemic. The December 2020 New Hampshire rate of 4.0% is now 1.6% above the March 2020 rate of 2.4%. The January data should be available by late February. The intent of examining unemployment rates is to provide context to the reduction in total assessed child lives as a result of the pandemic.

**Figure 4**

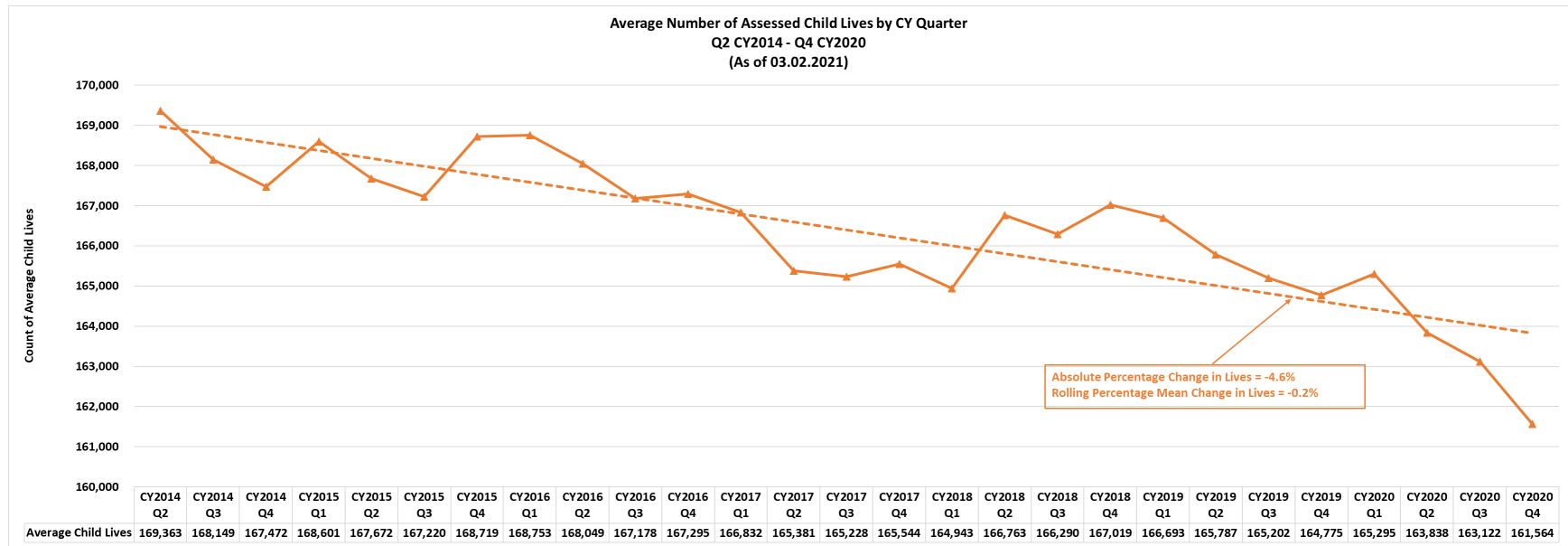


In summary, the impacts of the COVID-19 pandemic on total assessed child lives have been less to date than they were assumed to be in the rate setting model from September 2020. We will continue to monitor these monthly and quarterly trends and incorporate the data into next year's rate setting process. Please let me know if you have any questions or comments.

Supplemental materials added 03.02.2021 with revised information



Supplemental materials added 03.02.2021 with revised information



Supplemental materials added 03.02.2021 with revised information

