

AGENDA

AUDIT COMMITTEE MEETING

September 9, 2021

9:00 am – 10:00 am

**** THIS MEETING WILL BE HELD VIA ZOOM ONLY. ****

To participate by Zoom, please register here:

<https://nhvaccine.org/event/nhva-audit-committee-meeting-september-9-2021/>

Committee Members: David Sky, Chair, Susan Tenney, Vice Chair, Elizabeth Daly, Jason Margus

Administrator Staff: Patrick Miller, Erin Meagher, Ashley Ithal

Guests: Leslie Walker, Mason+Rich PA

| | |
|----------------|---|
| 9:00am | 1. Call to Order (D. Sky) |
| 9:00am-9:10am | 2. Review and Accept the August 25, 2021 Meeting Minutes – Vote (D. Sky)* |
| 9:10am-9:40am | 3. CY2022 Assessment Rate Discussion and Board Recommendation– Vote (P. Miller)* Guest: Leslie Walker, Mason+Rich, PA |
| 9:40am-9:50am | 4. Other Business |
| 9:50am-10:00am | 5. Public Comment Period |
| 10:00am | 6. Call to Adjourn (D. Sky) |

* indicates an attachment

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.

MINUTES
Audit Committee Meeting
August 25, 2021
9:00 a.m.

NH Insurance Department, Walker Building Room 274, Concord, NH
Presiding Officer: David Sky, Chair, Audit Committee

A meeting of the Audit Committee of the Board of Directors of the New Hampshire Vaccine Association (NHVA) with a quorum present was held at the NH Insurance Department, Walker Building, Room 274, Concord, NH and remote access for the public was provided via Zoom Webinar.

Mr. Sky, Chair, called the meeting to order at 9:02 a.m.

1. Welcome and Introductions

Attendance – The following individuals attended the meeting:

Committee Members:

David Sky, NHID, Chair
Susan Tenney, HPHC, Vice Chair
Beth Daly, NH DHHS
Jason Margus, Anthem

Other Attendee & Administrative Staff:

Anne Marie Mercuri, NH DHHS
Patrick Miller, Helms & Company
Erin Meagher, Helms & Company
Keith Nix, Helms & Company
Ashley Ithal, Helms & Company
Karen Carew, Carew & Wells, PLLC
Leslie Walker, Mason + Rich, P.A.

Members of the Public

Laura Condon, Bedford
Representative Linda Gould, Bedford
Jessica Kliskey, Stratham

Mr. Miller announced that he was recording the meeting for the purpose of drafting minutes. Ms. Condon announced she would be recording the meeting.

Mr. Sky opened the meeting reciting NHVA's statement regarding public commentary during meetings.

2. Review and Acceptance of April 28, 2021 Meeting Minutes

Mr. Sky asked the Committee if anyone had any questions or changes to the April 28, 2021, meeting minutes. No questions or changes were identified.

VOTE RECORDED: *On a motion by Ms. Tenney, seconded by Ms. Daly, it was unanimously*

VOTED: *To accept the April 28, 2021, Audit Committee meeting minutes as presented.*

3. Review and Vote to Recommend Acceptance of the FY2021 Audited Financials

Mr. Sky invited Ms. Carew to review the audited financial statements. Ms. Carew began with a review of the governance letter. Ms. Carew summarized several significant estimates examined when preparing the financial statements. The first is the estimate of the vaccine expense, including the projected amount requested by the State of New Hampshire, and the underlying assumptions that management considers in developing the estimate to determine if reasonable. The second was an examination of rate stabilization and the \$5M that has been designated

for that purpose. Finally, there is an estimate of any balance due or accounts receivable. Typically, there are none, however, this past quarter there was one small receivable due as of June 30th and it has since been received. Ms. Carew's determination found the three estimates were reasonable.

Ms. Carew reported there were no difficulties in performing the audit or in working with management. There were no misstatements that were material to the financial statements and there were two very small timing adjustments that were discussed with management and have been included with the letter. Ms. Carew stated that she requested and received a representation letter from the Mr. Sky and Mr. Miller on behalf of the Association to make sure that it is understood that the financial statements are the Association's responsibility and Carew & Wells is providing an opinion on them.

Ms. Carew stated that several years ago there were a few, minor management recommendations made to strengthen internal controls. All recommendations were implemented as suggested. This year there are no recommended changes for controls. Mr. Miller reported that Helms & Company fully updated the financial procedures documentation prior to the start of the audit. Ms. Carew commented that they do review the controls every year as part of the audit process, and it was clear that a tremendous amount of time was spent updating the document.

Ms. Carew reviewed the Auditor's Report and stated that Carew & Wells provided a clean opinion. She stated that she does not believe there are any misstatements or changes that need to be made to the financial statements to confirm with Generally Acceptable Accounting Principles. Ms. Carew provided a brief overview of new requirements for the Auditor's Letter with additional sections making sure there is a clear understanding about how the audit is performed.

Ms. Carew asked the group if anyone needed her to review the financial statements themselves. There being no questions, she highlighted two items of interest beginning with the Notes on page 10 regarding TRICARE. The outstanding balance for the TRICARE settlement is at \$468,630. It is anticipated that this will be collected in fiscal year 2022 and therefore will be settled in the upcoming year. Finally, she directed the group to Subsequent Events on page 12. As was done last year, there is mention of the ongoing pandemic.

Mr. Sky thanked Ms. Carew for her work and asked the Committee members if there was a motion to meet in non-public session with Ms. Carew.

VOTE RECORDED: *On a motion by Ms. Tenney, seconded by Ms. Daly, it was unanimously*
VOTED: *To move to a non-public session with Ms. Carew.*

All non-Audit Committee members left the room and the Zoom to enable the Audit Committee to enter into non-public session with Ms. Carew to discuss the audit.

After the non-public session concluded, Mr. Sky asked for a motion to make public the meeting minutes that he will provide from the non-public session.

VOTE RECORDED: *On a motion by Ms. Tenney, seconded by Ms. Daly, it was unanimously*
VOTED: *To make public the meeting minutes provided by Mr. Sky of the non-public session with Ms. Carew.*

Meeting minutes from the non-public session with Ms. Carew:

Committee members engaged in a discussion with Ms. Carew regarding any issues or concerns she had in conducting the audit. Ms. Carew stated that there were no issues or concerns.

VOTE RECORDED: *On a motion by Ms. Tenney, seconded by Ms. Daly, it was unanimously*
VOTED: *To adjourn the non-public session.*

VOTE RECORDED: *On a motion by Ms. Tenney, seconded by Ms. Daly, it was unanimously*
VOTED: *To recommend to the Board of Directors to accept the FY2021 Audited Financials.*

Mr. Miller stated that he included in the meeting packet the final FY2021 *Statement of Cash Flow, Statement of Financial Position, and Statement of Changes in Net Assets* for the Committees reference. The statements correspond to the audit, and they are very similar to what was shared at the June meeting, however, the assessment revenue has been updated along with a few other changes. Mr. Miller stated that covered lives are similar to lives for the prior quarter, 161,564 for quarter two and a slight increase to 161,828 for quarter three.

4. CY2022 Assessment Rate Initial Assumptions Discussion

Mr. Miller introduced Ms. Walker from the accounting and auditing firm Mason+Rich. Ms. Walker was retained by Helms & Company to review and refine the assessment rate setting process. Based on several factors, including the State no longer maintaining credit balances for overpayments made by the Association, it made sense to do a full review.

Mr. Miller stated that the goal today is to review a set of trends, review the model assumptions, review the model output, and then discuss specific questions with the Committee. This will allow for additional revisions to be made between now and the Audit Committee and Board meetings in September.

Mr. Miller began by outlining the assessment process goals achieved over the past several years and the focus for calendar year 2022. Now that the goal of eliminating funds held by the State was met in 2021, in 2022, the process will address:

- the historical swings in payments to the State,
- incorporating the concept of zero funds held at the State,
- the modeling of a COVID assessment reserve,
- the conclusion of the TRICARE specific assessments, and
- the simplification of the model back-end tool.

Mr. Miller briefly reviewed the FY2021 Notable Fiscal Events slide including the TRICARE revenue that will be going away next fiscal year. The impact of this will be close to half a million dollars per year going forward. The historical trends charts were also briefly reviewed including *Shrinking Assessed Lives and Variability in Assessed Rates* which reflects a (0.2%) decline in covered lives. The impact of COVID was less than expected. We are paying attention to these numbers because while overall costs for vaccines are increasing slightly each year, covered lives are also declining.

Mr. Miller then reviewed trends for State/carrier split of expenditures, interest rate changes on investments, unemployment trends, and Medicaid enrollment. Notably, we have achieved a higher rate of return on the funds invested by Bank of New Hampshire than those in the ICS account. We continue to seek higher yielding investments within our investment policy parameters. Unemployment continues to remain low, yet Medicaid enrollment has increased.

Mr. Miller reviewed the assumptions contained in the model. These include:

- the Board's commitment to keeping rates stable,
- 10% reserve per RSA 126-Q:4 II.(c),
- \$5M assessment reserve fund,
- potential COVID assessment reserve for FY2023-2024,
- DHHS not holding excess funds,
- no reimbursement for DHHS' administrative cost request
- carrier support of 60%,
- interest rate at 0.9%,

- assessed lives decline of 0.05% per quarter,
- TRICARE rate remaining at \$14.82 into 2022 anticipating the paydown will be completed in approximately four quarters,
- a 4% increase to the Administrative budget, and
- no assessment interest payments.

Mr. Miller then reviewed the *SFY202-2024 Rate Model*. An assessment placeholder for COVID-19 vaccine payments has been put in place understanding that the Federal Government is currently paying for these vaccines, but long term it is believed that this will end. Many state vaccine programs are planning for this. A placeholder of \$500K for each of fiscal years 2023 and 2024 has been assumed in the model, and this can be lowered, raised, or eliminated based on what Committee members feel is appropriate. As explained earlier, interest rates are projected to remain low and has been assumed at 0.9%; the ultimate impact to the model is small. Although the economy is improving and we anticipate an increase of covered lives, they are likely to continue to decline. The Committee held a discussion regarding the model's covered live estimates, and they concluded that they are low and should be increased. Mr. Margus asked if anyone in the group had any expectation of there being a Medicaid disenrollment event next year when the public health emergency ends? He has heard of maintenance of eligibility requirements that are happening now that contributed to the increase with Medicaid. Mr. Miller explained that the disenrollment is expected to begin later this fall, but it happens based on when you enrolled so it does not all happen on one day. This can be clarified, prior to the meeting in September. The Committee discussed the expected decline in Medicaid rolls when the Federal state of emergency is lifted. Mr. Miller stated he would find additional information on the expected change in enrollment.

Mr. Miller reviewed the variability of the amount of the prior June payments NHVA has made to the State. One of the goals is to make this payment more level each year. Beyond next year, the TRICARE revenue will end which will have a negative impact of nearly half a million dollars per year. The request from DHHS assumes a CDC credit of \$2.5M, but the model assumed \$2.8M; this will be corrected in the next version of the model. With the assumptions outlined, the CY 2022 rate would be \$7.20, and it is currently \$6.25 which was reduction from a rate of \$6.80 the year prior. One way to reduce the proposed rate of \$7.20 would be to use some of the \$5M assessment reserves.

Mr. Margus asked for clarification from Mr. Miller relating to the total covered lives. Mr. Miller confirmed that overall, we have been seeing a reduction of lives of approximately 0.2% per year. Current projections are based on where we are now vs. from where we were two or three quarters ago. The Committee agreed that the current model's covered lives show too steep of a decline and should be revised.

The Committee directed Mr. Miller and Ms. Walker to revise the model to include rates in the range of ~\$6.80-8.00 for discussion at the September 9, 2021 Audit Committee meeting and with the goal of having the remainder reserves be as close to \$0 as possible at the end of FY2024. To achieve these goals, they should address the covered lives assumptions, change the \$2.8M CDC credit estimate to \$2.5M, and rethink the concept of assessment reserves for COVID.

5. Other Business

Mr. Sky asked the Committee members if anyone had any other business to discuss. There were none.

6. Public Comment

Mr. Sky asked if any members of the public wished to speak, and Ms. Condon indicated she did wish to provide a statement. Ms. Condon expressed concern that the Association continues to entertain DHHS' request for administrative support to support their registry program and staff. Ms. Condon referenced a letter from Attorney Mark McCue to NHVA dated September 5, 2018 which provided guidance for the Association on this reimbursement request. Ms. Condon also expressed concern regarding NHVA's authority to expend or reserve funds for a COVID-

19 vaccine. Mr. Sky thanked Ms. Condon for her comments, asked the group if there was any other business and hearing none, asked for a motion to adjourn.

7. Adjournment

VOTE RECORDED: *On a motion by Ms. Tenney, seconded by Ms. Daly, it was unanimously*
VOTED: *To adjourn the Audit Committee meeting at 10:41 a.m.*

Respectfully submitted by
Patrick Miller, Helms & Company, Inc.
August 31, 2021; revised September 2, 2021

#

NOTE: For purposes of this meeting, slides 4, 5, 8, 12, 20 and 21 will be the focus as the others were reviewed at the August 25, 2021 Audit Committee Meeting.

CY2022 Rate Setting

NHVA Audit Committee Meeting

September 09, 2021

NH Insurance Department

Walker Building, Room 274

Materials Updated September 1, 2021

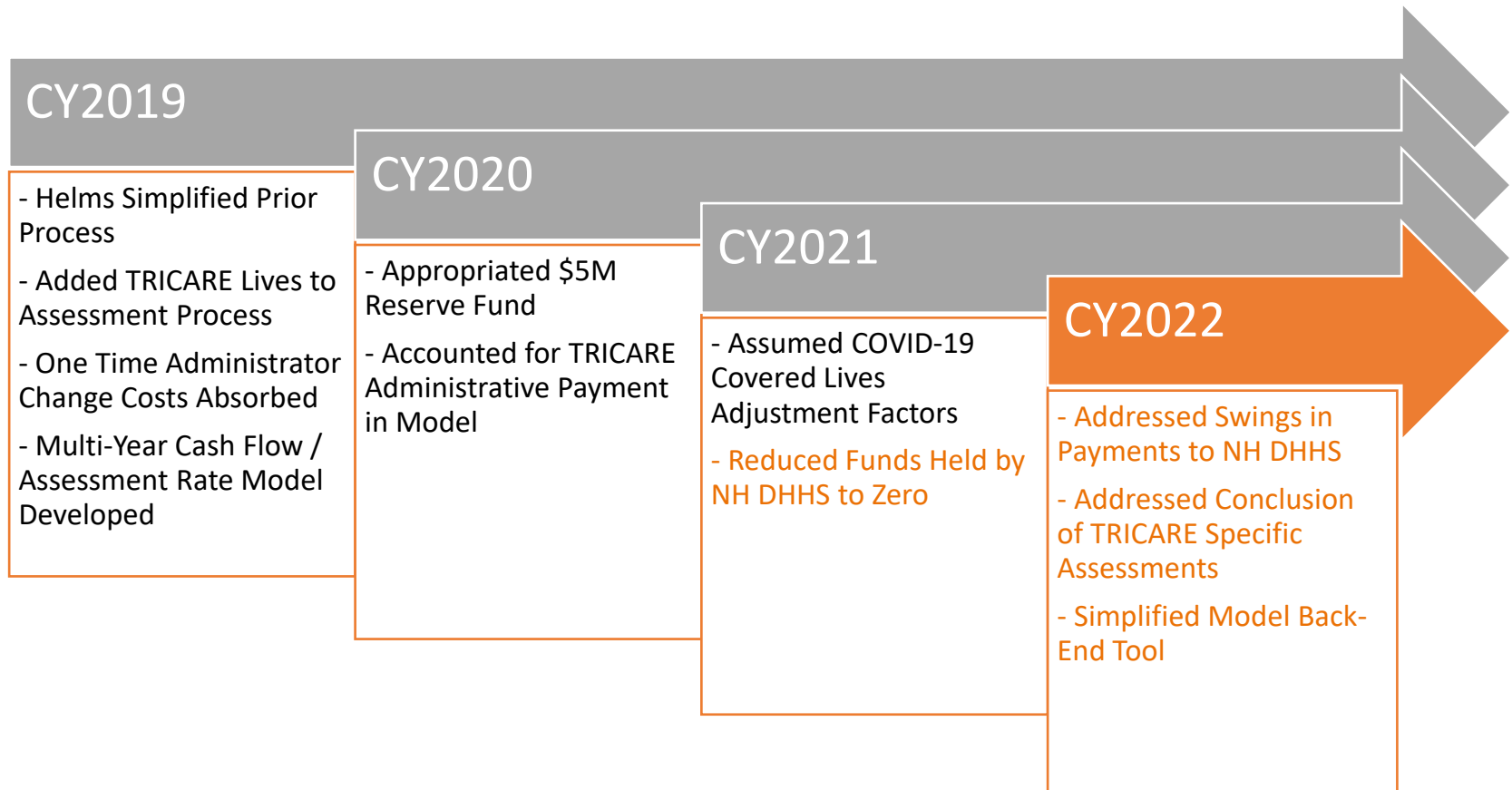
Contents

1. Process
2. Historical Trends
3. NH DHHS Data and NHVA Administrative Budget for Assessment Process
4. Rate Assumptions and Assessment Rates

1. Process



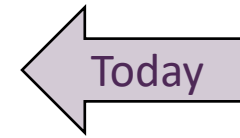
Assessment Process Development History



CY2022 Assessment Rate Setting Process Timeline

- ☑ Mason+Rich PA retained
- ☑ Data collection for Actual FY2021 and YTD CY2021
- ☑ Modeling prep work begins

- ☐ Review and approval by Audit Committee (9/9)
- ☐ Review and approval by Board of Directors (9/22)



- ☑ Modeling based upon trends and initial NH DHHS data
- ☑ Work session with the Audit Committee (8/25)
- ☑ Modeling final assumptions (8/25-9/2)

- ☐ TRICARE establishes actual rate (10/TBD)
- ☐ Actual CDC credit received (10/1)
- ☐ Carrier notification of CY2022 rates (10/8)

☑ = completed milestone
☐ = future milestone

Review of FY2021 Notable Fiscal Events

1. Notable revenues in FY2021:

- TRICARE specific assessment receipt– \$470,102
- Assessment interest recoupment – \$566
- ICS and bank interest income – \$55,827
- Investment interest income – \$60,183
- Dividend income – \$39
- Realized gain – \$800

2. Notable expenses in FY2021:

- Investment advisory fees – \$20,280
- Unrecognized loss – \$21,277

3. COVID Impact to Covered Lives Less Than Expected

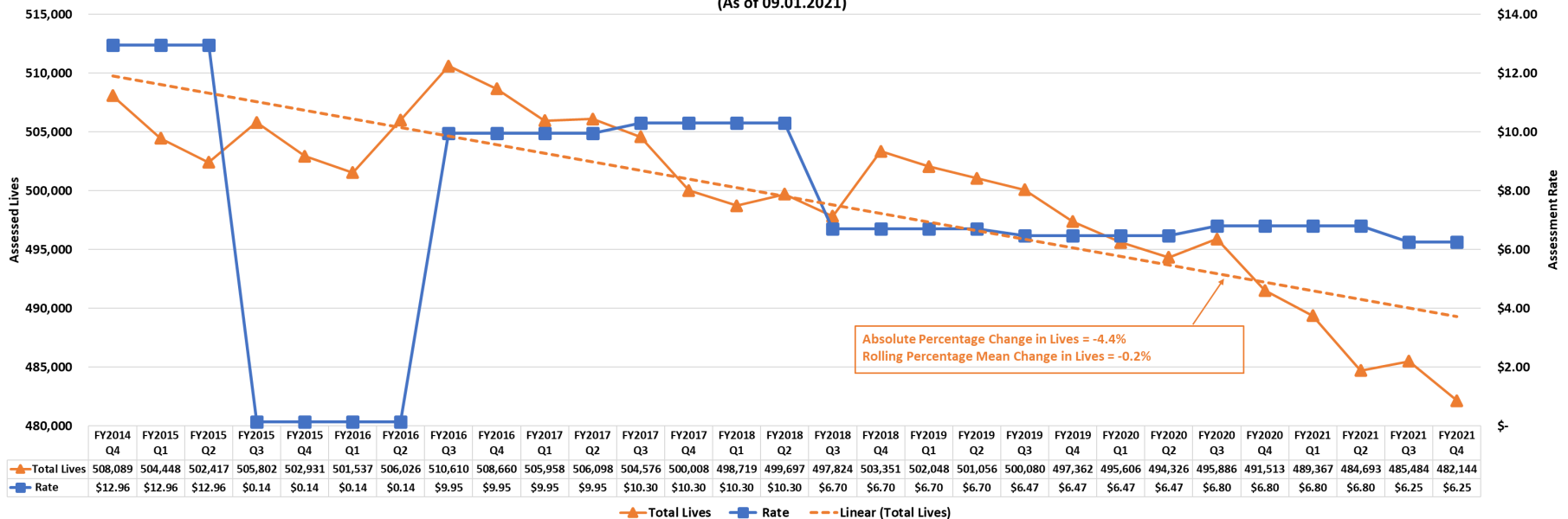
- 459,000 projected vs. FY2021Q3 = 485,484 & FY2021Q4 = 483,057

2. Historical Trends



Shrinking Assessed Lives and Variability in Assessed Rate

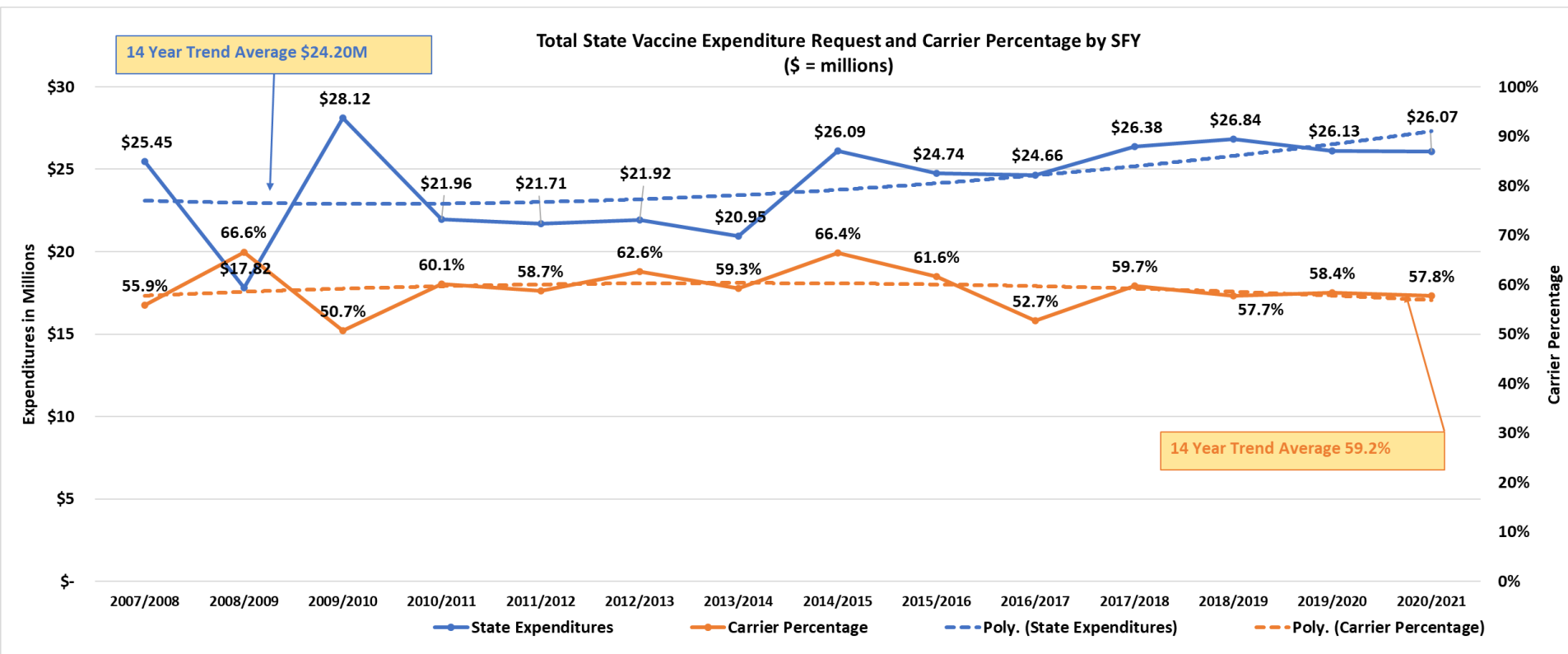
Assessment Rate and Total Number of Assessed Child Lives by CY Quarter
Q4 FY2014 - Q4 FY2021
(As of 09.01.2021)



Source: NHVA KidsVax® reconciliation spreadsheet, 09-06-2018; NHVA Data August 2021

Note: Total Assessed Lives reflects CY2019 Tufts recovery activity and EBPA refund activity

Increasing State Vaccine Expenditures and Stability in Payer Proportion



Source: NH DHHS annual spreadsheets Tab D; NHVA Historical Data

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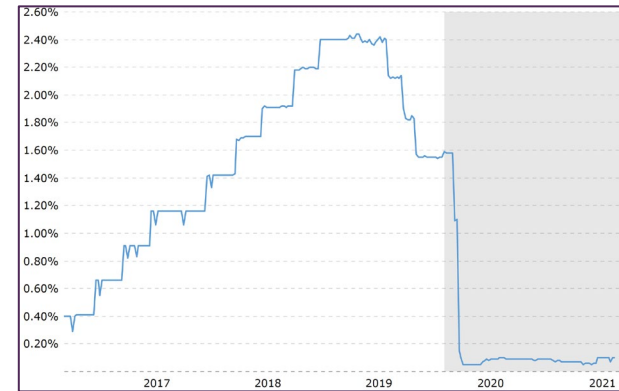


Bank of New Hampshire Analysis

(as of August 18, 2021)

- ICS rate changes

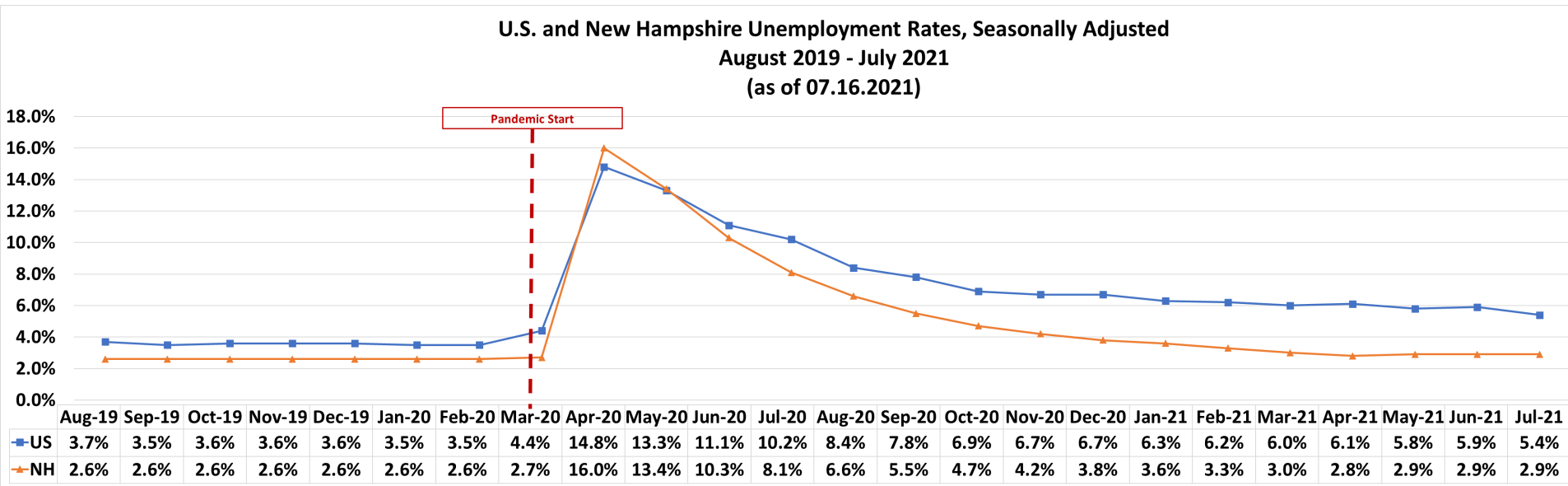
- July 2018 – 1bps
- Nov 2018 – 200bps ← Helms negotiated new rate
- Jan 2020 – 180bps
- Mar 2020 – 50bps ← Pandemic began;
Federal rate plunged
- Oct 2020 – 40bps
- Jan 2021 – 30bps



- Laddered CD portfolio performance

- Since March 2020 - \$8.6M invested average yield 1.41%
 - \$4.217M matured with average yield 1.47%
 - \$4.338M still invested with average yield 1.32%
 - \$2.597M matures or is callable by Aug 2022 with average yield of 1.39%

US and NH Unemployment Trends

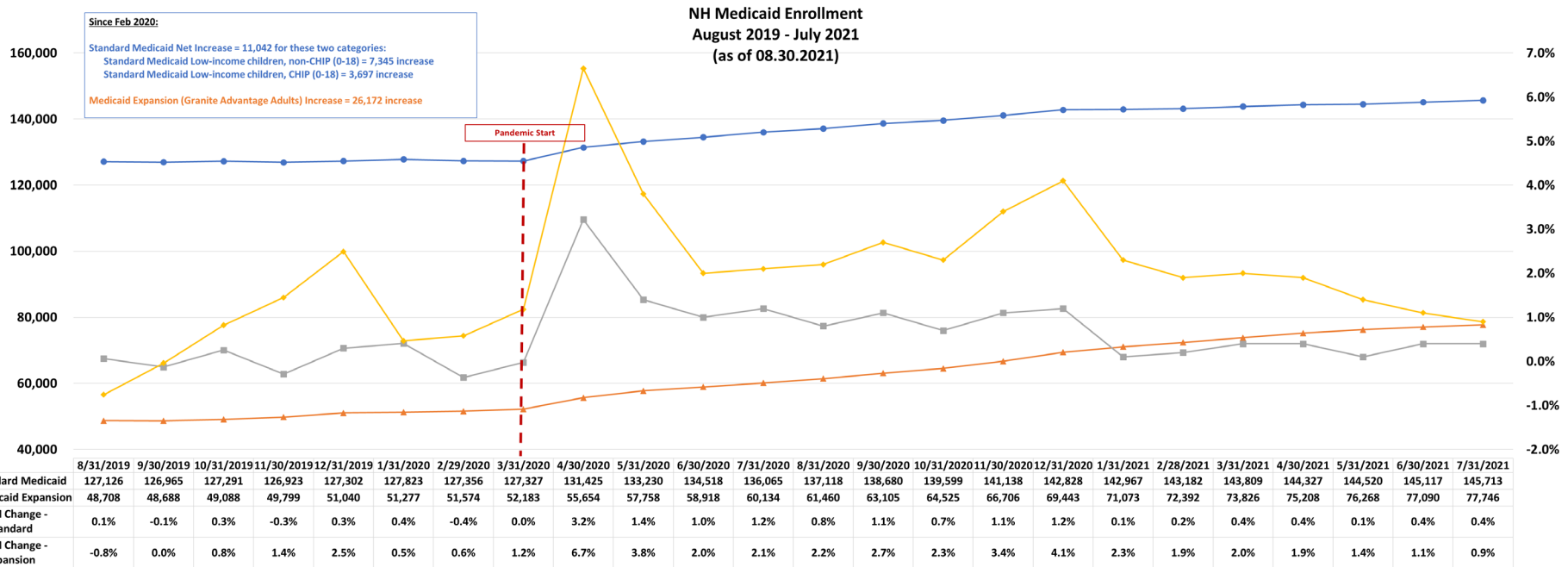


<https://www.nhes.nh.gov/elmi/statistics/laus-data.htm>



Medicaid Child
Enrollment is Leveling
Off but Higher than
Pre-Pandemic

NH Medicaid Enrollment



Source: NH DHHS

3. NH DHHS Data and NHVA Administrative Budget for Assessment Process



New Hampshire
Vaccine Association

| | |
|--|--------------------|
| VFC Estimated (last year) Vaccine Funds Contribution | \$ (10,907,515.00) |
| Estimated State Funds Contribution | \$ (150,000.00) |
| Estimated CDC credit | \$ 52,500.00 |
| Estimated cost of vaccine after CDC credit | \$ 27,708,757.10 |
| NHVA Estimated Cost | \$ 16,625,254.26 |
| Unspent NHVA revenue from prior SFYs | \$ - |
| DHHS Program Administrative Costs Request | \$ 484,346.00 |
| Estimated NHVA funds needed for SFY22 | \$ 17,109,600.26 |

| | | | |
|--|--|--|--|
| This is how much we spent last year. | | | |
| | | | |
| Final amount available on 10/1. | | | |
| | | | |
| 60% of total estimated expense after CDC credit. | | | |
| See worksheet e for detail. | | | |

| | | | SFY21 | SFY20 | SFY19 | SFY18 | SFY17 | SFY16 | SFY15 | SFY14 | SFY13 | SFY12 | SFY11 | SFY10 | SFY09 | SFY08 |
|---|----|---|----------------|--------------|--------------|--------------|--------------|----------------|----------------|--------------|----------------|--------------|--------------|--------------|--------------|--------------|
| | | Source | 2020/2021 | 2019/2020 | 2018/2019 | 2017/2018 | 2016/2017 | 2015/2016 | 2014/2015 | 2013/2014 | 2012/2013 | 2011/2012 | 2010/2011 | 2009/2010 | 2008/2009 | 2007/2008 |
| Actual Total exp | | 4+7 | \$26,067,468 | \$26,126,101 | \$26,837,646 | \$26,377,918 | \$24,657,418 | \$24,741,423 | \$26,092,637 | \$20,945,469 | \$21,918,042 | \$21,707,838 | \$21,961,081 | \$28,121,414 | \$17,820,721 | \$25,454,043 |
| | | | | | | | | | | | | | | | | |
| VFC | 1 | CDC Mon Rpt | \$10,907,515 | \$10,773,619 | \$11,071,713 | \$10,329,733 | \$11,259,750 | \$ 9,194,539 | \$ 8,570,780 | \$ 8,070,843 | \$ 7,551,690 | \$ 7,715,921 | \$ 7,549,887 | \$11,624,679 | \$ 5,002,497 | \$ 8,588,458 |
| 317 - not used for children | 2 | CDC Mon Rpt | not provided | not provided | not provided | not provided | not provided | not provided | not provided | not provided | \$ 156,375 | \$ 920,358 | \$ 720,612 | \$ 1,676,638 | \$ 735,871 | \$ 2,219,343 |
| State Funds | 3 | St. Ap(5178-513) | \$ 105,300 | \$ 103,178 | \$ 273,969 | \$ 293,211 | \$ 392,339 | \$ 302,821 | \$ 206,762 | \$ 460,501 | \$ 482,467 | \$ 320,494 | \$ 492,762 | \$ 573,306 | \$ 213,821 | \$ 422,798 |
| | | | | | | | | | | | | | | | | |
| TOTAL GOV'T EXPENDED | 4 | 1+2+3 | \$11,012,815 | \$10,876,797 | \$11,345,682 | \$10,622,944 | \$11,652,089 | \$ 9,497,360 | \$ 8,777,542 | \$ 8,531,344 | \$ 8,190,532 | \$ 8,956,773 | \$ 8,763,261 | \$13,874,623 | \$ 5,952,189 | \$11,230,599 |
| | | | | | | | | | | | | | | | | |
| beg balance | 5 | State Approp | \$ 3,224,124 | \$ 6,722,035 | \$12,979,343 | \$ 9,915,172 | \$ 3,267,370 | \$ (1,107,266) | \$ 3,797,531 | \$ 207,631 | \$ 3,042,624 | \$ 6,102,932 | \$ 7,039,214 | \$12,293,560 | \$ 7,759,278 | \$ 4,919,231 |
| revenue from NHVA* | 6 | State Approp | \$11,830,529 | \$11,751,393 | \$ 9,234,656 | \$18,819,145 | \$19,653,132 | \$19,618,699 | \$12,410,298 | \$16,004,025 | \$10,892,517 | \$ 9,690,757 | \$12,261,538 | \$ 8,992,444 | \$16,402,814 | \$17,063,492 |
| | | | | | | | | | | | | | | | | |
| Vaccine Insurers expended | 7 | State Approp | \$15,054,653 | \$15,249,304 | \$15,491,964 | \$15,754,974 | \$13,005,330 | \$15,244,063 | \$17,315,095 | \$12,414,125 | \$13,727,510 | \$12,751,065 | \$13,197,820 | \$14,246,791 | \$11,868,532 | \$14,223,444 |
| | | | | | | | | | | | | | | | | |
| year end encumbered | 8 | State Approp | \$ 3,734,347 | \$ 3,284,045 | \$ 214,014 | \$ 4,119,258 | \$ 3,912,837 | \$ 5,360,641 | \$ (1,217,018) | \$ 4,922,400 | \$ 2,278,387 | \$ 3,498,954 | \$ 4,183,155 | \$ 2,658,211 | \$ 2,636,659 | \$ 5,038,824 |
| year end cash | 9 | State Approp | \$ (3,734,347) | \$ (59,921) | \$ 6,508,021 | \$ 8,860,085 | \$ 6,002,336 | \$ (2,093,271) | 0 | \$ 1,124,869 | \$ (2,070,756) | \$ (456,331) | \$ 1,919,776 | \$ 4,381,002 | \$ 9,656,901 | \$ 2,720,454 |
| TOTAL BAL FORWARD | 10 | (5+6) -7 | \$ - | \$ 3,224,124 | \$ 6,722,035 | \$12,979,343 | \$ 9,915,172 | \$ 3,267,370 | \$ (1,107,266) | \$ 3,797,531 | \$ 207,631 | \$ 3,042,624 | \$ 6,102,932 | \$ 7,039,213 | \$12,293,560 | \$ 7,759,279 |
| | | | | | | | | | | | | | | | | |
| CDC end of fiscal year credit | 11 | CDC Vtracks | \$2,823,837 | \$2,804,834 | \$ 1,856,544 | \$ 4,282,619 | \$ 3,564,068 | \$ 4,377,668 | not provided | not provided | not provided | N/A | N/A | N/A | N/A | N/A |
| Reimbursement from Providers and Excise Tax | 6A | State Approp | | | | | \$ 19,863 | \$ 13,916 | \$ 37,311 | \$ 29,970 | \$ 119,460 | | | | | |
| Added into this account | | | | | | | | | | | | | | | | |
| | | Source: From Beth Daly 603-271-4927 elizabeth.daly@dhhs.nh.gov on August 16, 2021; revised August 18, 2021. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Note: NHVA as % of total budget | | | 57.75% | 58.37% | 57.72% | 59.73% | 52.74% | 61.61% | 66.36% | 59.27% | 62.63% | 58.74% | 60.10% | 50.66% | 66.60% | 55.88% |

| Expense | Description | Total Cost | Amount Requested from NHVA |
|---|---|---------------------|----------------------------|
| Immunization Information System | System utilized to order vaccines, document individual doses administered and show insurance coverage for individuals vaccinated. System also provides quality assurance measures with vaccine forecasting and reminder/recall abilities. | \$360,063.00 | \$216,037.80 |
| Vaccine Accountability Coordinator | Responsible for the purchase and distribution of all vaccines within the program. This position manages Vaccine For Children (VFC), 317, and state/local vaccine funding. This individual tracks vaccine inventory, vaccine distribution and administration, vaccine wastage, trends, all of which informs forecasting. This position plays a key role during the influenza season by closely tracking flu vaccine expenditures and distribution to ensure the vaccines are in the right quantities and the right location, allowing for successful clinic outcomes. This position works directly with the Public Health Regions to plan vaccine distribution for Pandemic Exercises or vaccine-preventable disease outbreaks. The position collaborates with the Immunization Information System (IIS), Vaccine Data Coordinator to provide vaccine ordering management system training for health care provider staff (vaccine managers, assistant vaccine managers) to assure accountability across the > 300 enrolled provider practices. | \$96,422.00 | \$57,853.20 |
| Vaccine Quality Specialist | Conducts VFC site visits with enrolled health care providers. Conducts on-site training for new Vaccine Managers; offers educational programs related to overall vaccine management, including storage and handling. Reviews all health care provider vaccine management (including emergency) plans; coordinates annual vaccine provider enrollment process, reviewing all health care provider agreements. | \$85,842.00 | \$51,505.20 |
| Program Specialist II | Under the direction of the Vaccine Accountability Coordinator, adhering to the standards of vaccine accountability and the VFC Operations Policy & Procedures, this position is responsible for working in the Vaccine Ordering Management System (VOMS/IIS); working with health care provider vaccine ordering-related documents, including vaccine orders, temperature logs and applicable reports. This position works directly with health care providers and staff related to overall vaccine management, including assistance with temperature excursions, vaccine ordering questions, VOMS Help Desk questions and VOMS education and training. | \$79,420.00 | \$47,652.00 |
| Immunization Information System Staff (2) | This positions operates the technical support Help Desk for the Vaccine Ordering Management System. Interacts with VTrckS (CDC vaccine ordering system) as it relates to the ExIS connection (VOMS) that passes information between the two systems. Works with both systems to assure data quality and vaccine ordering accountability. Works directly with medical health care provider practices to assure education for staff. Develops interoperability processes to inform evidence-based strategies. | \$185,496.00 | \$111,297.60 |
| Total | | \$807,243.00 | \$484,345.80 |

FY2022 Administrative Budget – Adopted by Board June 16, 2021

| | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 22 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | May 22 | Jun 22 | FY2022 Budget Total |
|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---------------------------|
| EXPENSE | | | | | | | | | | | | | |
| Administrative Fees | \$ 8,750 | \$ 8,750 | \$ 8,750 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 107,997 |
| Subcontractors | | | | | | | | | | | | | |
| Subtotal | \$ 8,750 | \$ 8,750 | \$ 8,750 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 9,083 | \$ 107,997 |
| Bank Fees | | | | | | | | | | | | | \$ - |
| Board Meeting Expense | \$ - | \$ - | \$ 215 | \$ 120 | \$ 120 | \$ - | \$ 120 | \$ - | \$ 120 | \$ 95 | \$ - | \$ 120 | \$ 910 |
| Stationary and Printing | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 35 | \$ 420 |
| Dues and Subscriptions | | | | | | | | | | | | | \$ - |
| Insurance (D&O) | | | | | | | \$ 4,250 | | | | | | \$ 4,250 |
| Licenses and Fees | | | | \$ 75 | | | | | | | | | \$ 75 |
| Postage and Shipping | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 10 | \$ 120 |
| Professional Fees - Audit | \$ 3,500 | | \$ 2,350 | | | | | | | | \$ 3,500 | | \$ 9,350 |
| Professional Fees - Legal | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 2,083 | \$ 25,000 |
| Public Information Expense | | | | | | | | | | | | | \$ - |
| Website | | | \$ 525 | | | | | | | | | | \$ 525 |
| Subtotal | \$ 5,628 | \$ 2,128 | \$ 5,218 | \$ 2,323 | \$ 2,248 | \$ 2,128 | \$ 6,498 | \$ 2,128 | \$ 2,248 | \$ 2,223 | \$ 5,628 | \$ 2,248 | \$ 40,650 |
| TOTAL EXPENSE | \$ 14,378 | \$ 10,878 | \$ 13,968 | \$ 11,406 | \$ 11,331 | \$ 11,211 | \$ 15,581 | \$ 11,211 | \$ 11,331 | \$ 11,306 | \$ 14,711 | \$ 11,331 | \$ 148,647 |

4. Rate Assumptions and Assessment Rates

This Year's Rate Assessment Goals

- Address Historical Swings in Payments to NH DHHS
- Incorporate Concept of Zero Funds Held at NH DHHS
- Address Conclusion of TRICARE Specific Assessments
- Simplify Model Back-End Tool



CY2022 Model Rate Assumptions

(as of September 1, 2021)

1. Board commitment to keeping rates stable in future years
2. No NHVA funds will be held by NH DHHS to recover in June CY2022
3. The TRICARE cap rate* of \$14.82 will continue in CY2022; assessment receivable will be paid down in full in ~four quarters; no revenue in FY2023-24
4. Two reserves:
 1. 10% reserve of the total non-Federal program cost for the succeeding year (RSA 126-Q:4 II.(c))
 2. \$5M assessment reserve fund; can be used for rate stabilization as needed
5. No reimbursement of NH DHHS Immunization Section administrative cost request of \$484,346 (Tab C)
6. The percentage paid by the carriers is 60.0% for CY2022 based on NH DHHS/Federal fund source split
7. Interest rate assumptions for cash on hand assume 0.9%
8. Total assessed lives have declined 4.4% between CY2014 Q2 and CY2021 Q4 with quarter-to-quarter declines of 0.2% per quarter; model assumes smaller drop in FY2022
9. FY2022 CDC credit estimated at \$2.5M*
10. Annual 4% administrative budget increase
11. No late payment interest assessments



SFY2022 -24 Rate Model (as of September 1, 2021)

| Draft for Discussion 09.09.2021 | | Actual SFY17 2016/2017 | Actual SFY18 2017/2018 | Actual SFY19 2018/2019 | Actual SFY20 2019/2020 | Actual SFY21 2020/2021 | Forecast SFY22 2021/2022 | Forecast SFY23 2022/2023 | Forecast SFY24 2023/2024 |
|---------------------------------|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|
| ASSUMPTIONS | | | | | | | | | |
| 1 | Average Annual Covered Lives per Quarter | 506,323 | 499,062 | 501,634 | 495,795 | 487,764 | 485,000 | 480,000 | 475,000 |
| 2 | Assessment Rate | 9.95- 10.30 | 10.30- 6.70 | 6.70- 6.47 | 6.47- 6.80 | 6.80- 6.25 | 6.25- 6.85 | 6.80- 7.75 | 7.80- 7.95 |
| 3 | TRICARE Rate | | | | 12.47-13.95 | 13.95-14.82 | 14.82 | 0.00 | 0.00 |
| RESERVES | | | | | | | | | |
| 4 | 10% Reserve (RSA 126-Q:4 II.(c)) | \$ 1,965,313 | \$ 1,881,915 | \$ 1,549,196 | \$ 1,524,930 | \$ 1,505,465 | \$ 1,662,525 | \$ 1,670,838 | \$ 1,679,192 |
| 5 | Assessment Reserve | | | \$ 250,000 | \$ 250,000 | \$ 250,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 |
| 6 | Operational Reserve | | | | | | \$ 250,000 | \$ 250,000 | \$ 250,000 |
| 7 | Remainder Reserves | \$ 2,374,357 | \$ 2,071,713 | \$ 10,682,570 | \$ 12,553,810 | \$ 14,159,657 | \$ 5,198,515 | \$ 1,981,706 | \$ (116,051) |
| TOTAL EXPENSES | | \$ 24,657,418 | \$ 26,377,918 | \$ 26,837,646 | \$ 26,126,101 | \$ 26,067,468 | \$ 27,708,757 | \$ 27,847,301 | \$ 27,986,537 |
| 8 | Total Government Expended | \$ 11,345,682 | \$ 10,622,944 | \$ 11,345,682 | \$ 10,876,797 | \$ 11,012,815 | \$ 11,083,503 | \$ 11,138,920 | \$ 11,194,615 |
| 9 | % | 46.01% | 40.27% | 42.28% | 41.63% | 42.25% | 40.00% | 40.00% | 40.00% |
| 10 | Total NHVA Expended | \$ 13,311,737 | \$ 15,754,974 | \$ 15,491,964 | \$ 15,249,304 | \$ 15,054,653 | \$ 16,625,254 | \$ 16,708,381 | \$ 16,791,922 |
| 11 | % | 53.99% | 59.73% | 57.72% | 58.37% | 57.75% | 60.00% | 60.00% | 60.00% |
| NHVA OUTFLOWS | | | | | | | | | |
| 12 | Total Distributed by NHVA (June Payment) | \$ 19,653,132 | \$ 18,819,145 | \$ 9,234,656 | \$ 11,751,393 | \$ 11,830,529 | \$ 16,625,254 | \$ 16,708,381 | \$ 16,791,922 |
| 13 | Administrative Expenses | \$ 175,359 | \$ 178,953 | \$ 388,786 | \$ 127,226 | \$ 125,713 | \$ 148,643 | \$ 152,916 | \$ 157,403 |
| 14 | Total Outflows | \$ 19,828,491 | \$ 18,998,098 | \$ 9,623,442 | \$ 11,878,619 | \$ 11,956,242 | \$ 16,773,897 | \$ 16,861,297 | \$ 16,949,325 |
| NHVA INFLOWS | | | | | | | | | |
| 15 | Assessments | \$ 20,165,670 | \$ 18,588,579 | \$ 17,796,407 | \$ 13,390,088 | \$ 13,470,273 | \$ 12,866,780 | \$ 13,584,000 | \$ 14,820,000 |
| 16 | Investment Income | \$ 22,275 | \$ 18,168 | \$ 357,265 | \$ 336,301 | \$ 75,858 | \$ 103,036 | \$ 68,800 | \$ 39,923 |
| 17 | Total Inflows | \$ 20,187,945 | \$ 18,606,747 | \$ 18,153,672 | \$ 13,726,389 | \$ 13,546,131 | \$ 12,969,816 | \$ 13,652,800 | \$ 14,859,923 |
| 18 | NHVA BEGINNING CASH BALANCE | \$ 3,978,124 | \$ 4,339,670 | \$ 3,953,627 | \$ 12,481,766 | \$ 7,514,560 | \$ 11,448,477 | \$ 7,644,396 | \$ 4,435,899 |
| 19 | Outflows | \$ 19,828,491 | \$ 18,998,098 | \$ 9,623,442 | \$ 11,878,619 | \$ 11,956,242 | \$ 16,773,897 | \$ 16,861,297 | \$ 16,949,325 |
| 20 | Inflows | \$ 20,187,945 | \$ 18,606,747 | \$ 18,153,672 | \$ 13,726,389 | \$ 13,546,131 | \$ 12,969,816 | \$ 13,652,800 | \$ 14,859,923 |
| 21 | Accrual to Cash Items | \$ 2,092 | \$ 5,308 | \$ (2,091) | \$ (796) | \$ (3,507) | | | |
| 22 | Transfer (to)/from Investments | | | | \$ (6,814,180) | \$ 2,347,535 | | | |
| 23 | To Supplement Assessments | | | | | \$ 0 | | | |
| 24 | Ending Cash Balance | \$ 4,339,670 | \$ 3,953,627 | \$ 12,481,766 | \$ 7,514,560 | \$ 11,448,477 | \$ 7,644,396 | \$ 4,435,899 | \$ 2,346,496 |
| 25 | Ending Investment Balance | | | | \$ 6,814,180 | \$ 4,466,645 | \$ 4,466,645 | \$ 4,466,645 | \$ 4,466,645 |
| BALANCE HELD AT STATE | | | | | | | | | |
| 26 | Beginning | \$ 9,915,172 | \$ 9,915,172 | \$ 12,979,343 | \$ 6,722,035 | \$ 3,224,124 | \$ - | \$ - | \$ - |
| 27 | Additions/Subtractions | \$ 6,341,395 | \$ 3,064,171 | \$ (6,257,308) | \$ (3,497,911) | \$ (3,224,124) | \$ - | \$ - | \$ - |
| | | \$ 16,256,567 | \$ 12,979,343 | \$ 6,722,035 | \$ 3,224,124 | \$ (0) | \$ - | \$ - | \$ - |

Contact

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