

AGENDA
Board Meeting
November 2, 2022, 9:00am-10:00am
Location: Online Zoom Meeting

To attend via Zoom webinar, please register at this link:
<https://nhvaccine.org/event/nhva-november-2-2022/>

Time	Agenda Item
9:00-9:05	1. Welcome & Roll Call (S. Tenney) a. Recording Announcement b. Roll Call c. Board Chair Statement re: Online Meeting* d. Board Chair Statement re: Public Commentary During Meetings*
9:05-9:10	2. Review and Acceptance of Minutes (S. Tenney) a. September 21, 2022 Board Meeting Minutes* – VOTE
9:10-9:20	3. Review and Acceptance of the FY2022 Annual Report (S. Tenney)* – VOTE
9:20-9:30	4. Executive Director Report (P. Miller) a. Unaudited Financials Through September 30, 2022* b. November 15, 2022 Quarterly Assessment Update c. Unemployment and Medicaid Trend Data*
9:30-9:40	5. DHHS Update (A.M. Mercuri)
9:40-9:45	6. Public Comments (S. Tenney)
9:45-10:00	7. Executive Session – Board Attendance Only (S. Tenney)
10:00	8. Adjournment

* denotes an attachment.

NEW HAMPSHIRE VACCINE ASSOCIATION
Statement of Board Chair Regarding Meetings By Videoconference

Although the NH Vaccine Association is not a public body, its policy is to follow the NH Right-to-Know Law as closely as possible while observing best nonprofit governance practices.

Pursuant to RSA 91-A:2(III)(a), I -- as Board Chair -- have made the determination that an emergency exists which justifies the meeting of the Association Board of Directors by videoconference. This determination is based on the following:

1. A quorum of the Board is unable to meet in person because COVID-19 continues to pose a threat to the health of individuals in this State, including those who have been vaccinated, and the Association has been unable to procure meeting space that will accommodate public attendance while permitting social distancing, masking and other measures necessary to reduce the serious health risks posed by COVID-19;
2. The Board must take actions which cannot be postponed until these emergent health risks can be mitigated; and
3. The spirit and intent of RSA 91-A is met by holding this Board meeting by Zoom videoconferencing because all members of the public: (i) have had adequate notice and an opportunity to attend virtually; (ii) can see and hear all Board members and deliberations; and (iii) may participate if and as invited to do so.

A copy of this statement will be recorded in the meeting minutes and will be posted on the Association web site.

Susan Tenney

NHVA Board Chair

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.

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MINUTES
Board of Directors Meeting
September 21, 2022
Scheduled 9:00 a.m. – 11:00 a.m.
Presiding Officer: Susan Tenney, Chair

The meeting 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 9:07 a.m.

1. Welcome and Roll Call

Attendance – The following individuals attended the meeting:

Board Members:	Other Attendees & Administrative Staff:
Susan Tenney, HPHC, Chair	Mark McCue, Esq., Hinckley Allen
Edward Moran, Public Member, Vice Chair	Patrick Miller, Helms & Company, Inc.
Jason Margus, Anthem, Treasurer	Erin Meagher, Helms & Company, Inc.
Patricia Edwards, MD, Healthcare Provider	Keith Nix, Helms & Company, Inc.
Marc Fournier, USNH	Karen Carew, Carew & Wells, PLLC
Michelle Heaton, NHID	Leslie Walker, Mason+Rich, PA
Anne Marie Mercuri, NH DHHS	
Lorraine Radick, RPh, Public Member	Members of the Public:
Janice Valmassoi, MD, Healthcare Provider	Tiffany Bare, Nashua
	Laura Condon, Bedford
Excused Board Members	Ryan Norfleet, Merck
Harold Young, Cigna, Secretary	

1. Welcome and Roll Call

Ms. Tenney thanked everyone for attending the meeting of the NH Vaccine Association’s Board of Directors. She advised the group that Helms & Company, Inc. (Helms) is recording the meeting for the purpose of meeting minutes and the recording will be destroyed once the minutes are approved. She then asked if any members of the public were recording to please indicate so in the chat or raise their electronic hand. Ms. Condon indicated she was recording the meeting.

Ms. Tenney conducted a roll call of Board member for attendance:

	<u><i>Present</i></u>
<i>Patricia Edwards, MD</i>	<i>X</i>
<i>Marc Fournier</i>	<i>Absent (joined at 9:24 a.m.)</i>
<i>Michelle Heaton</i>	<i>X</i>
<i>Jason Margus</i>	<i>X</i>
<i>Anne Marie Mercuri</i>	<i>X</i>
<i>Edward Moran</i>	<i>Absent (joined at 9:25 a.m.)</i>
<i>Lorraine Radick, RPh</i>	<i>Absent (joined at 9:14 a.m.)</i>
<i>Susan Tenney</i>	<i>X</i>
<i>Janice Valmassoi, MD</i>	<i>X</i>
<i>Harold Young</i>	<i>Absent</i>

37 Ms. Tenney read two statements: the “Statement of Board Chair Regarding Meetings by Videoconference” and the
38 “Board Chair Statement re: Public Commentary During Meetings.”
39

40 **2. FY2022 Audit – Guest Karen Carew, Carew & Wells**
41

42 Ms. Tenney welcomed Ms. Carew of Carew & Wells (C&W). Ms. Carew explained that the Governance Letter is the
43 required communication from the auditor to the Board to highlight anything that is significant to the audit. Ms.
44 Carew touched on the following:

- 45 ▪ There were no new policies adopted during the year.
- 46 ▪ Management's estimate of the vaccine expense, which is based on the amount projected and requested by
47 the State, was determined to be reasonable in relation to the financial statements.
- 48 ▪ The financial statements were neutral and consistent.
- 49 ▪ There were no difficulties or disagreements working with management in performing or completing the
50 audit.
- 51 ▪ Two adjustments were made. The first was to accrue legal expenses that were incurred in June and
52 management determined they were not material and had not been recorded in the financial statements.
53 The second was to reclassify refundable overpayments to insurers reflecting them as a liability rather than
54 as accounts receivable. This was for the purposes of presentation of the financial statements and is
55 appropriate for management purposes.
- 56 ▪ The Management representation letter is dated August 7, 2022.
- 57 ▪ The financial statements are fairly stated in accordance with generally accepted accounting practices
58 (GAAP).
- 59 ▪ C&W is not aware of any consultations Management had with other accountants, or second opinions.
- 60 ▪ C&Q had no comments for management this year and had no recommendations regarding the
61 strengthening of internal controls.

62
63 Moving to the financial statements, Ms. Carew advised that the opinion letter reflected a clean opinion from the
64 auditors. Carew does not believe there are any misstatements or changes to the statements that have to be made
65 in order to conform with GAAP. A few items highlighted by Ms. Carew include:

- 66 ▪ On page eight under *Liquidity Management*, a reference is made to the \$250K reserve for operations along
67 with the \$5M reserve for rate stability. Due to the TRICARE arrearage being paid in full in 2022, the
68 Association anticipates some of the \$5M will be used for rate stabilization.
- 69 ▪ On page 10 under *TRICARE Assessment*, it was noted that the last of the arrearage payments have been
70 received.

71
72 Ms. Carew asked if there were any questions, and she stated that she was available to have discussions with the
73 Board in an Executive Session if desired. Ms. Tenney asked for a motion to move to Executive Session.
74

75 **VOTE RECORDED:** *On a motion by Mr. Margus, seconded by Dr. Edwards, by roll call it was*

76 **VOTED:** *To move to Executive Session with Ms. Carew at 9:23 a.m.*
77

	<u>Yes</u>	<u>No</u>
78		
79	<i>Patricia Edwards, MD</i>	<i>X</i>
80	<i>Marc Fournier</i>	<i>Absent (joined at 9:24 a.m.)</i>
81	<i>Michelle Heaton</i>	<i>X</i>
82	<i>Jason Margus</i>	<i>X</i>
83	<i>Anne Marie Mercuri</i>	<i>X</i>
84	<i>Edward Moran</i>	<i>Absent (joined at 9:25 a.m.)</i>
85	<i>Lorraine Radick, RPh</i>	<i>X</i>
86	<i>Susan Tenney</i>	<i>X</i>

87 *Janice Valmassoi, MD* X
 88 *Harold Young* Absent
 89

90 Upon return from the Executive Session at 9:32 a.m., Ms. Tenney asked for a motion to accept the draft financial
 91 statements as presented.
 92

93 **VOTE RECORDED:** *On a motion by Ms. Heaton, seconded by Mr. Margus, by roll call it was*
 94 **VOTED:** *To accept the draft financial statements as presented by Carew & Wells as final.*
 95

	<u>Yes</u>	<u>No</u>
96		
97	<i>Patricia Edwards, MD</i>	X
98	<i>Marc Fournier</i>	Absain
99	<i>Michelle Heaton</i>	X
100	<i>Jason Margus</i>	X
101	<i>Anne Marie Mercuri</i>	X
102	<i>Edward Moran</i>	X
103	<i>Lorraine Radick, RPh</i>	X
104	<i>Susan Tenney</i>	X
105	<i>Janice Valmassoi, MD</i>	X
106	<i>Harold Young</i>	Absent

107
 108 Ms. Carew will provide a final set of documents to Helms.
 109

110 Ms. Tenney welcomed Ms. Heaton to the Board of Directors. Ms. Heaton has replaced Mr. David Sky as the
 111 appointed representative from the NH Insurance Department.
 112

113 **3. Review and Acceptance of the June 15, 2022, Board Meeting Minutes**
 114

115 Ms. Tenney asked if there were any comments or corrections related to the June 15, 2022, meeting minutes. Ms.
 116 Radick stated that on line 155 the minutes should be corrected to reflect her absence at the meeting. Hearing no
 117 other comments or corrections, Ms. Tenney asked for a motion to approve the minutes.
 118

119 **VOTE RECORDED:** *On a motion by Mr. Fournier, seconded by Mr. Margus, by roll call it was*
 120 **VOTED:** *To accept the June 15, 2022, Board meeting minutes as presented with the one*
 121 *correction on line 155 to reflect Ms. Radick as absent.*
 122

	<u>Yes</u>	<u>No</u>
123		
124	<i>Patricia Edwards, MD</i>	X
125	<i>Marc Fournier</i>	X
126	<i>Michelle Heaton</i>	Absain
127	<i>Jason Margus</i>	X
128	<i>Anne Marie Mercuri</i>	X
129	<i>Edward Moran</i>	X
130	<i>Lorraine Radick, RPh</i>	Absain
131	<i>Susan Tenney</i>	X
132	<i>Janice Valmassoi, MD</i>	X
133	<i>Harold Young</i>	Absent

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137 **4. Executive Director's Report – Guest Leslie Walker, Mason+Rich**
138

139 Ms. Tenney invited Mr. Miller to provide his Executive Director report. Mr. Miller proceeded to review the CY2023
140 rate setting process presentation. This is the result of the rate setting session held in August with the Audit
141 Committee. This is the second year the new rate setting model has been used. Mr. Miller briefly reviewed the
142 timeline and the expectations for this year's rate setting process.
143

144 Mr. Miller proceeded to review the historical trends portion of the presentation:

- 145 ▪ The historical covered lives trend continues to decline and saw a more rapid decline since the COVID-19
146 pandemic began. Child covered Medicaid lives continue to increase and the expectation is that a
147 proportion of the ~14K children added since the pandemic began will be covered by commercial insurance
148 once the public health emergency (PHE) ends.
- 149 ▪ The historical assessment rate trend has remained steady over the past several years after having periods
150 of variability prior to 2017.
- 151 ▪ The proportion of carrier funds and state funds show an eight-year trend average of 40.6% state funding
152 and 59.4% carrier funding. The assessment rate model assumes a 60/40 split for the next three years.
- 153 ▪ The ICS account has had highly variable interest rates in recent years. Prior to the pandemic the rate was
154 200bps and dropped to a low of 30bps during the pandemic. Recently the rate was increased to 60bps.
155 The laddered CD portfolio currently has \$5.452M invested and due dates are between 2022 and 2027.
- 156 ▪ Unemployment is back to the historic lows seen pre-pandemic.

157
158 Mr. Miller proceeded to review key points from the spreadsheets received from the NH Department of Health and
159 Human Services (NH DHHS) that are responsible for driving the assessment rate model:

- 160 ▪ *Tab D* reflects the historical vaccine expenditure according to state appropriations of the NH DHHS vaccine
161 fund and breaks down the contribution sources and annual CDC credit. Ms. Mercuri noted that there was
162 an underpayment in FY2021 of \$2,043,813 that was caught up and paid by NHVA in FY2022. She noted
163 that the actual expenditures are slightly different from when the vaccine was actually purchased. She
164 further clarified the figure of 57.75% is the amount applied to the vaccine invoices versus the 60.11% listed.
- 165 ▪ *Tab C* shows the vaccine units purchased and their related costs for FY2022 and projections for FY2023.
166 Mr. Miller stated that there is approximately a 29% savings by purchasing the vaccines through the NHVA
167 model versus the providers having to purchase them directly on the private market.
- 168 ▪ The projected contributions for FY2023 are broken out by VFC, State, CDC credit, and the carriers. The NH
169 DHHS' administrative cost request of \$522,506 is not considered in the assessment rate model based upon
170 historic precedence. Details supporting this request are found in *Tab E*.

171
172 In addition to the ~\$2M underpayment in FY2021, Mr. Miller reviewed five additional factors driving the projected
173 increase in NH DHHS' vaccine purchase from \$29.1M in FY2022 to \$32.6M in FY2023:

- 174 ▪ The state has seen an increase in New Hampshire residents due to the pandemic effect; families have
175 migrated from other states and in 2021 and the state experienced a seven percent increase in birth rate,
176 its first increase in birth rate in seven years.
- 177 ▪ The formula for calculating the projected cost is estimated on the prior year's order, as such, the SFY23
178 projection accounts for the pandemic rebound in vaccination as providers continue to catch children up
179 to date with vaccination.
- 180 ▪ The CDC credit is anticipated to be lower than it has been historically as a result of the NHVA's "claw back"
181 of funds held at the DHHS.
- 182 ▪ The cost of vaccine continues to increase each year with an increase of 3-8% per each dose of vaccine over
183 the last several years.
- 184 ▪ The increased use of combination vaccines which are more widely accepted by parents due to fewer
185 injections, but these vaccines are also more expensive than the previously used formulas.

186

187 Mr. Miller briefly reviewed the *FY2023 Administrative Budget* which was approved at the June Board meeting and
188 remains unchanged.

189

190 Mr. Miller reviewed the five, *CY2023 Rate Assessment Goals*:

- 191 ▪ Address Historical Swings in Payments to NH DHHS
- 192 ▪ Incorporate Concept of Zero Funds Held at NH DHHS
- 193 ▪ Address Conclusion of TRICARE Specific Assessments
- 194 ▪ Address Continued Covered Lives Decline
- 195 ▪ Address Reserves.

196

197 Mr. Miller reviewed the *CY2023 Model Rate Assumptions* which shared similarities with the prior year's model:

- 198 1. Board commitment to keeping rates stable in future years.
- 199 2. No NHVA funds will be held by NH DHHS to recover in June CY2023.
- 200 3. No reimbursement of NH DHHS Immunization Section administrative cost request of \$522,506 (Tabs C &
201 E).
- 202 4. The TRICARE specific assessment recovery has been completed.
- 203 5. Two reserves related to rates:
 - 204 ○ 10% reserve of the total non-Federal program cost for the succeeding year (RSA 126-Q:4 II.(c))
 - 205 ○ \$5M assessment reserve fund; can be used for rate stabilization as needed.
- 206 6. The percentage paid by the carriers is 60.0% for CY2023 based on NH DHHS/Federal fund source split.
- 207 7. Interest rate assumptions for cash on hand assume 60bps for ICS and 125bps (net of fees) for CDs with an
208 assumed rate of 60bps due to potential cash constraints.
- 209 8. Total assessed lives have declined 5.5% between CY2014 Q2 and CY2021 Q4 with quarter-to-quarter
210 declines of 0.2% per quarter; model assumes continuation in FY2023.
- 211 9. FY2023 CDC credit estimated at \$1.1M (State estimate Tab C).
- 212 10. Annual 2% administrative budget increase
- 213 11. No late payment interest assessments.
- 214 12. The NHVA's payers benefit from a 28.9% discount from the open market by leveraging CDC pricing through
215 DHHS.

216

217 Mr. Miller then reviewed the *SFY2023 Rate Model*. The cells highlighted in green relate to the model assumptions
218 and allow the Board to make adjustments to the model. Mr. Miller made several points regarding the model's
219 assumptions:

- 220 ▪ Covered lives are projected to decrease in FY2023 and FY2024 and be flat in FY2025.
- 221 ▪ While the NH DHHS' total expenses increased from \$29.1M in FY2022 and are projected to be \$32.6M in
222 FY2023, FY2024 and FY2025 are projected based upon FY2022 vs. FY2023 as the expectation is FY2023 is
223 the catch-up year for vaccinations missed during the pandemic. FY2024 assumes a 3% increase from
224 FY2022 and FY2025 assume a 3% increase from FY2024.
- 225 ▪ In order to support the assessment rates of \$8.50, \$9.85, and \$9.85 for FY2023, FY2024, and FY2025,
226 respectively, the model shows a reduction in NHVA's reserves in each of the three years in order to support
227 the proposed rates.
- 228 ▪ The Audit Committee recommended the rate of \$8.50 for the coming year.

229

230 Ms. Walker stated that on line seven of the model that the negative number shown is the underfunded reserves
231 amount. There are three reserve line items equaling approximately \$7M. In the current model, approximately \$2M
232 is underfunded which reduces the total reserves. The underfunded amount increases to approximately \$3M in each
233 of the outer two years.

234

235 Mr. Fournier had a clarification question regarding line seven. He asked if it meant that we will not achieve the full
236 \$5M reserve. Mr. Miller responded that Mr. Fournier is correct, and to keep the full amount intact, we would need

237 to do some combination of increasing lives, increasing the rate, or reducing the NH DHHS requested amount. Mr.
 238 Fournier asked how the \$5M reserve was established. Mr. Miller explained it was largely due to an initial amount
 239 received under the TRICARE settlement, and this is the first year we have had to use part of it. There was further
 240 discussion regarding several, conservative estimates in the rate setting model with comments made from both Mr.
 241 Margus and Ms. Tenney. The expectation is that covered lives will increase once the public health emergency ends
 242 and lives move from Medicaid back to commercial insurance products. Ms. Walker mentioned that there is an
 243 expectation that the CDC credit may also be larger than what is in the model which would help the cash position.
 244 Ms. Tenney stated that the goal is to continue to provide some level of rate stability. Mr. Moran asked if the model's
 245 parameters were fairly safe. Mr. Miller replied that it is a model, we can change the parameters year to year, and is
 246 a model that Ms. Carew had also reviewed.

247
 248 Hearing no additional questions, Ms. Tenney asked for a motion to approve the CY2023 assessment rate.

249
 250 **VOTE RECORDED:** *On a motion by Mr. Moran, seconded by Ms. Radick, by roll call it was*
 251 **VOTED:** *To approve proposed assessment rate of \$8.50 for calendar year 2023.*

	<u>Yes</u>	<u>No</u>
253		
254	<i>Patricia Edwards, MD</i>	X
255	<i>Marc Fournier</i>	X
256	<i>Michelle Heaton</i>	X
257	<i>Jason Margus</i>	X
258	<i>Anne Marie Mercuri</i>	X
259	<i>Ed Moran</i>	X
260	<i>Lorraine Radick, RPh</i>	X
261	<i>Susan Tenney</i>	X
262	<i>Janice Valmassoi, MD</i>	X
263	<i>Harold Young</i>	<i>Absent</i>

264
 265 Mr. Miller briefly reviewed the *FYTD 2023 Unaudited Financial Statements*. The statements reflect the first two
 266 months of the fiscal year through August 31st. Mr. Miller made three points:

- 267 ▪ *Statement of Cash Flow* reflects \$63,639 in refunds to carriers for assessment overpayments.
- 268 ▪ *Statement of Financial Position* (Balance Sheet) shows \$5.2M in the ICS account at the end of June
 269 increasing to \$8.4M at the end of August and \$5.3M in short term investments. At this point, there is no
 270 plan to move any additional funds into CDs to ensure the NHVA has the cash available for the estimated
 271 June 2023 payment to the State of NH of \$19,243,022. All new cash will remain in the ICS account.
- 272 ▪ *Statement of Changes in Net Assets* shows that the NHVA is currently running slightly under budget
 273 primarily due to unspent legal and management fees. Additionally, the assessed lives filed in the last
 274 quarter were 159,291 which was 2,376 less than the projected 161,667 covered lives.

275
 276 Mr. Miller presented the calendar year 2023 meeting schedule. There were no questions and Mr. Miller advised
 277 that meeting invites will be sent to Board members.

278
 279 Ms. Tenney thanked Mr. Miller and Ms. Walker for their work on the assessment rate setting process and Ms.
 280 Mercuri for her significant contributions. Ms. Tenney acknowledged the tremendous amount of work this process
 281 takes and expressed appreciation on behalf of the Board of Directors.

282
 283 **5. NH Department of Health and Human Services (NH DHHS) Update**

284
 285 Ms. Tenney invited Ms. Mercuri to provide the NH DHHS update.

286

287 Ms. Mercuri began by thanking the Association for the support they offer to the NH DHHS. She stated that the
 288 Association has a beginning FY2023 balance forward in the amount of \$298,504 as a result of an overpayment in
 289 FY2022. Expenditures in June 2022 were less than anticipated. For July 1st through September 15th the total
 290 expenditures equal \$1.946M.

291
 292 Ms. Mercuri reported that the Department anticipates the commercialization of the COVID-19 vaccine will happen
 293 in 2023. Details have not been relayed to NH DHHS yet from the federal government, and they continue to make
 294 regular inquiries with the CDC. Once any information is obtained, NH DHHS will share it with the Association. Based
 295 on the NH Immunization Information System, they estimate that 180K children ages six months to 18 years, have
 296 received at least one dose of the vaccine. While the cost and actual uptake of vaccinations is unknown, projecting
 297 out using a cost of \$30-\$40 per dose, the current, projected, cost estimate for the NHVA for the COVID vaccine would
 298 be approximately \$1.824M for every 100K children vaccinated.

299
 300 Dr. Edwards asked Ms. Mercuri if the estimate takes into consideration the waste currently happening with the
 301 vaccine due to the multi dose vial packaging. Ms. Mercuri indicated that multi dose vials were considered and that
 302 manufacturers are likely to move to single use vials in the future. She also added that the provider community in
 303 New Hampshire has an extremely low rate of vaccine wastage for all vaccines approximating one percent.

304
 305 **6. Public Comment**

306
 307 Ms. Tenney welcomed Ms. Condon to speak. Ms. Condon thanked the Board for the opportunity to comment, and
 308 she asked several questions regarding the reasons for the increase in costs while there was decrease in covered lives
 309 during a time with lower vaccination rates. Ms. Condon also questioned the use of \$32,569,210 as the estimated
 310 vaccine cost used in the rate setting model versus the \$33,679,280 as listed as the total vaccine cost provided on
 311 Tab C from the Department.

312
 313 Ms. Tenney thanked Ms. Condon and reminded her that this is not an interactive session with the Board and that
 314 she was welcome to direct any questions she has to the NHVA's Executive Director who will respond in a timely
 315 fashion.

316
 317 **7. Executive Session**

318
 319 **VOTE RECORDED:** *On a motion by Ms. Tenney, seconded by Ms. Heaton, by roll call it was*

320 **VOTED:** *To move into Executive Session at 10:37 a.m. to discuss legal counsel.*

321
 322

	<u>Yes</u>	<u>No</u>
323 <i>Patricia Edwards, MD</i>	X	
324 <i>Marc Fournier</i>	X	
325 <i>Michelle Heaton</i>	X	
326 <i>Jason Margus</i>	X	
327 <i>Anne Marie Mercuri</i>	X	
328 <i>Ed Moran</i>	X	
329 <i>Lorraine Radick, RPh</i>	X	
330 <i>Susan Tenney</i>	X	
331 <i>Janice Valmassoi, MD</i>	X	
332 <i>Harold Young</i>		<i>Absent</i>

333
 334 **8. Adjournment**

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 336

337
338 Board of Directors Meeting minutes respectfully submitted by
339 Patrick Miller, Executive Director, in lieu of Harold Young
340 September 26, 2022

341
342 # # #



NHVA New Hampshire Vaccine Association

DRAFT -- FY2022 Annual Report


Dear Supporter,

As we celebrate the 20th anniversary of the legislation that created the NHVA, we reflect on some of our accomplishments:

- Assessed insurance carriers and third-party administrators (TPAs) while remitting funds to the New Hampshire Department of Health and Human Services (NH DHHS);
- Worked with the NH DHHS and the New Hampshire Insurance Department (NHID) to ensure compliance;
- Educated stakeholders regarding the role NHVA plays to ensure all commercially insured children receive vaccines at no cost;
- Ensured that program operating costs are typically one percent or less; and
- Allowed our insurance carrier and TPA partners to benefit from a nearly 30% savings then would be achieved if vaccines were purchased on the private market.

The NHVA would like to thank all of its stakeholders – NH DHHS, NHID, insurance carriers and TPAs, healthcare providers, and our Board – for the success of the program. Thank you for supporting the NHVA and we look forward to another successful twenty years!


Susan M. Tenney
Board Chair


Patrick B. Miller, MPH
Executive Director

Universal Vaccine Purchasing Program Overview and Benefits

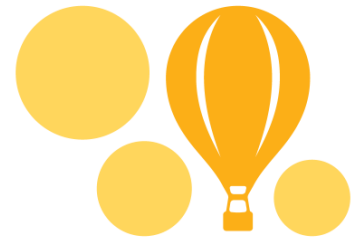
Universal vaccine purchasing programs allow a state to purchase all recommended vaccines for children, regardless of insurance coverage or income. New Hampshire's program enables state purchase of vaccines for every resident child and distribution of these vaccines to health care providers at no cost to them. The New Hampshire Vaccine Association (NHVA) employs a united approach involving payers, providers, the NH Department of Health & Human Services, and the NH Insurance Department. For FY2022, **43%** of the program funding was comprised of Federal Vaccine For Children Program (VFC) and State funds while the remaining **57%** was comprised of insurer and TPA funds.

New Hampshire's Universal Purchase Program ensures that every child who enters a doctor's office, clinic, or hospital can receive recommended vaccines at no cost. More providers have been able to offer vaccination services because they are no longer required to finance the up-front costs of vaccines or be burdened with complex ordering systems. As a result, New Hampshire has one of the highest vaccination rates in the country, and consistently achieves higher vaccination rates than the U.S. as a whole. The program allows vaccines to be purchased from the U.S. Centers for Disease Control and Prevention which saves insurers and TPAs nearly 30% as the vaccines are not purchased on the open market.

Financials Summary

- Operating expenses as a percentage of total assessment income were 1.07% as of FYE June 30, 2022 versus .93% as of FYE June 30, 2021.
- Investment income is lower than the prior year due to fixed income rates and unrealized gains on investments.
- The decrease in total assets is a result of lower assessment income and higher remittances due to the State of New Hampshire.

		<u>June 30, 2022</u>	<u>June 30, 2021</u>
KEY MEASURES	Assessment Income, Interest on Late Assessments & TRICARE Settlement	\$12,786,534	\$13,470,839
	Assets Released for Operations	\$136,150	\$125,714
	Operating Expenses as a % of Total Assessment Income	1.07%	0.93%
	Bank & Sweep Interest & Return on Investments (Realized Gain or Loss)	(\$226,227)	\$75,292
	Remittance to State of New Hampshire	(\$17,777,373)	(\$11,830,529)
		<u>June 30, 2022</u>	<u>June 30, 2021</u>
BALANCE SHEET COMPARISON	ASSETS		
	Current Assets		
	Cash & Cash Equivalents	\$5,294,329	\$11,448,477
	Accounts Receivable	\$-	\$5,486
	Prepaid Expenses	\$1,960	\$1,960
	Total Current Assets	\$5,296,289	\$11,455,923
	Total, Non-Current Assets Investments	\$5,336,422	\$4,466,645
	TOTAL ASSETS	<u>\$10,632,711</u>	<u>\$15,922,568</u>
	LIABILITIES & NET ASSETS		
	Current Liabilities		
A/P, Accrued Expenses, Refundable Overpayments	\$63,939	\$1,980	
TOTAL CURRENT LIABILITIES	\$65,339	\$1,980	
Net Assets			
Net Assets without Donor Restrictions	\$250,000	\$250,000	
Net Assets with Donor Restrictions	\$10,317,372	\$15,670,588	
TOTAL NET ASSETS	\$10,567,372	\$15,920,588	
TOTAL LIABILITIES & NET ASSETS	<u>\$10,632,711</u>	<u>\$15,922,568</u>	



A Message from the NH Department of Health and Human Services' Division of Public Health Services

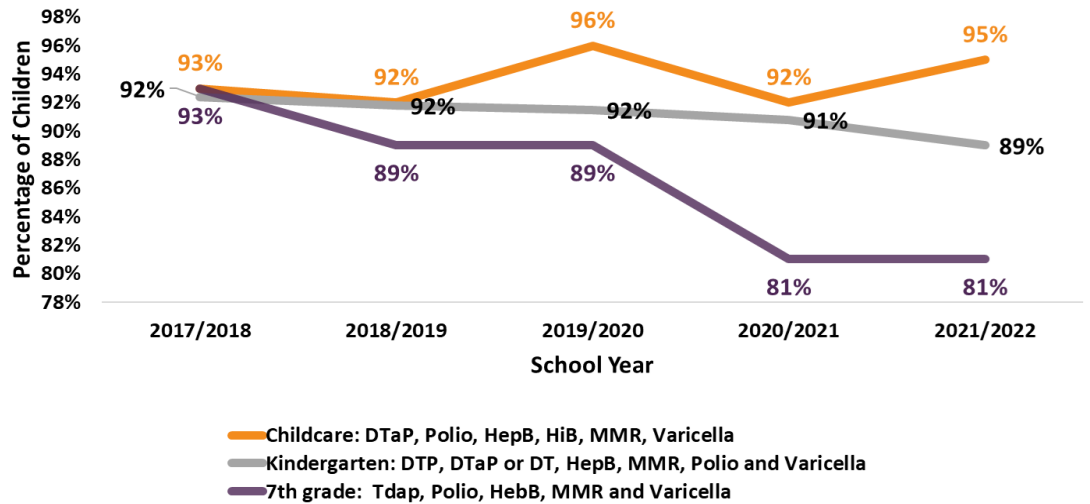
Over this past year, individuals, businesses, public health, and communities across New Hampshire have continued efforts to mitigate the impact of the pandemic. As such, the NH Division of Public Health Services has been working to understand the impact the pandemic has had on New Hampshire's routine childhood vaccinations.

According to data from Annual Child Care and School Immunization Reports (2017-2021) disruptions in vaccination can be seen during the pandemic with the percentage of children who are up to date with required childcare and school vaccinations decreasing between 1-8 percentage points during the 2020/21 school year.

The review highlighted that the most significant reduction in up to date status was among 7th grade school children by 8% (decrease from 89% pre-pandemic to 81% during the previous two academic years).

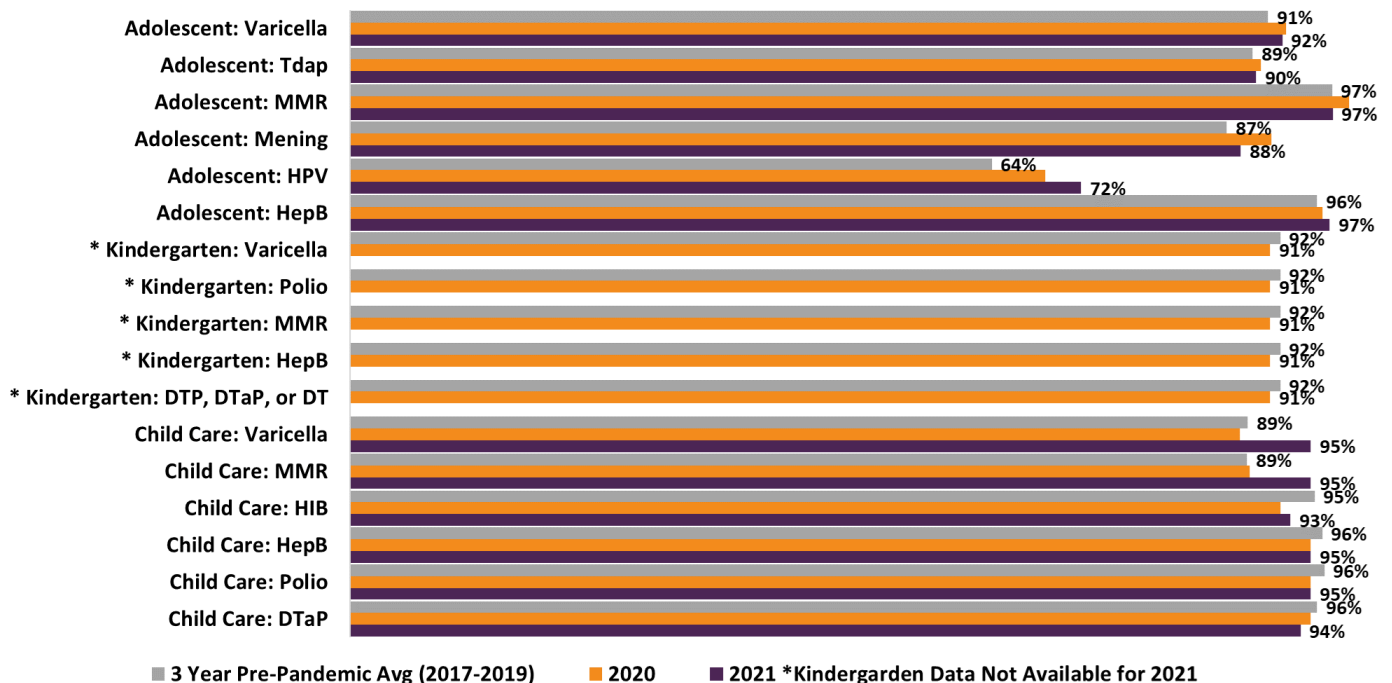
Although the New Hampshire Immunization Program (NHIP) is noting that fewer students are being reported to be up to date with required school vaccinations, additional analysis of 2017-2021 data from the National Immunization Survey [NIS Data, Tables, and Documentation | CDC](#) and the [NH Annual Child Care Immunization Report](#) suggests that the estimated vaccine coverage rates among New Hampshire children has remained fairly stable over the past several years.

**Percentage of New Hampshire Children With Up-to-Date Vaccinations
School Years 2017-2022**



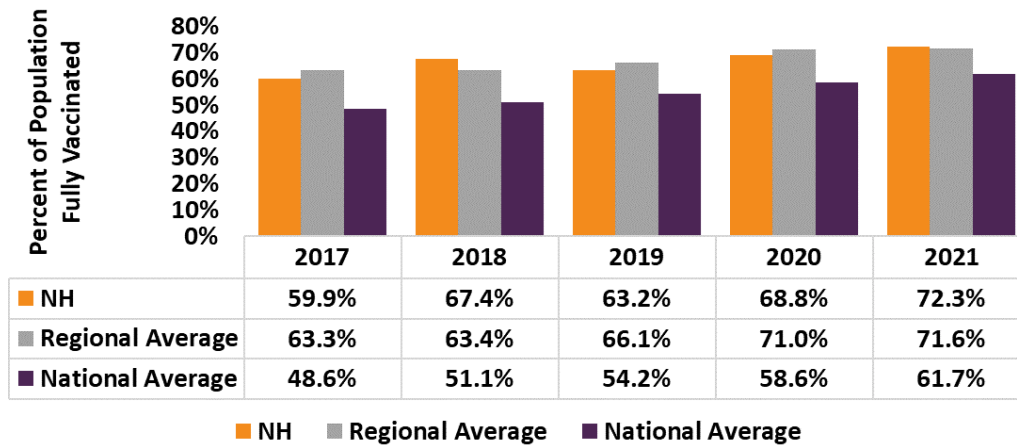
Data Source: NH DHHS, Annual Child Care and School Immunization Reports (2017-2021)

Estimated Vaccination Coverage, NH 2017-2021



While efforts continue to bring children up to date with all routine immunizations, the state is seeing successes among efforts to promote Human papillomavirus (HPV) vaccination among New Hampshire adolescents. While historically, New Hampshire vaccination rates for HPV have lagged behind the New England regional average, over the past five years New Hampshire HPV vaccination has shown an increasing trend with New Hampshire exceeding the regional average during the 2021-22 school year (72.3% of 13 – 17-year-olds having been fully vaccinated against HPV).

HPV Vaccination for Males and Females, Ages 13-17



Data Source: NH DHHS, National Immunization Survey 2017-2021 Data Tables [TeenVaxView](#) | [Adolescent Vaccine Coverage Interactive Data](#) | [NIS | CDCs, and Documentation](#) | [CDC](#)

The pandemic has also highlighted the importance of timely reporting of vaccine administration data in order to better monitor data and trends, identify areas of need, and ensure NH's high vaccination coverage rates among individuals at highest risk of severe disease. As such the NH Immunization Program has been working to implement the NH Immunization Information System (NHIIS). This system, which launched in April 2021, currently reports 1.13m vaccine doses have been administered to 110,213 children through 18 years of age. This means that an estimated 42.9% of NH children through 18 years of age currently have an initial NHIIS record available to help providers and parents to determine when recommended vaccinations are due.

Our partnership with the NHVA is critical to ensuring our immunization rates in New Hampshire remain high. Effective immunization not only protects individuals, but contributes to the overall health and well-being of the community and the state. Together, we have been instrumental in providing a cost-effective, preventable disease strategy that saves lives. Now, more than ever, we must remain steadfast in our work together to fight vaccine-preventable diseases. As always, we look forward to our continued partnership.

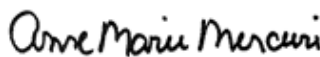
We thank you for the work you do to assure the health and well-being of all New Hampshire communities.



Patricia Tilley, MS Ed
Director, Division of
Public Health Services



Ryan M. Tannian, PharmD, RPh, MBA
Acting Bureau Chief, Bureau of
Infectious Disease Control



Ann Marie Mercuri, BSN, MPH
Chief, NH Immunization
Section



NHVA Board of Directors

Governmental Representatives

Anne Marie Mercuri, BSN, MPH,
Chief, Immunization Section

NH Department of Health & Human
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Health Law and Policy Legal Counsel
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Provider Contracting Lead Analyst

Cigna Healthcare

Public Members

Edward P. Moran

Appointed by the
Speaker of the House

Lorraine Radick

Appointed by the
President of the Senate

WWW.NHVACCINE.ORG

Administrator



Phone: 603-225-6633

Fax: 603-225-4739

Helms & Company, Inc. Staff

Patrick B. Miller, MPH

Executive Director, NHVA

Erin K. Meagher

Office Manager

Keith R. Nix

Controller



NHVA UNAUDITED
Statement of Cash Flow
YTD FY2023 Q1
Quarter Ended September 30, 2022

	FY23 - Q1 Actual	FY23 - Q2 Actual	FY23 - Q3 Actual	FY23 - Q4 Actual	FY 2023 YTD Actual	FY 2023 YTD Budget	Difference YTD Act to Budget	FY 2023 Annual Budget
Receipts (Source)								
Assessment Income	3,272,444	-	-	-	3,272,444	3,288,000	(15,556)	13,944,000
Assessment Income - TRICARE (Completed)	-	-	-	-	-	-	-	-
* Accounts Receivable	(63,939)	-	-	-	(63,939)	-	(63,939)	-
Interest Income - Assessments	404	-	-	-	404	48	356	192
Interest Income - Bank & Sweep (ICS)	9,008	-	-	-	9,008	10,871	(1,863)	70,229
Interest Income - Investments	17,166	-	-	-	17,166	11,866	5,300	53,597
Dividend Income	627	-	-	-	627	56	571	536
Accrued Investment Income	821	-	-	-	821	-	821	-
Investment Advisory fees	(5,131)	-	-	-	(5,131)	(4,953)	(178)	(16,680)
Realized Gain or Loss	(1)	-	-	-	(1)	43	(44)	173
Unrecognized Gain or Loss	(118,925)	-	-	-	(118,925)	(19,071)	(99,854)	(76,283)
** Investment - Short term, CDs and Accrual.	105,443	-	-	-	105,443	-	105,443	-
	<u>3,217,917</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,217,917</u>	<u>3,286,861</u>	<u>(68,945)</u>	<u>13,975,766</u>
Disbursements (Use)								
*** Expenses	35,836	-	-	-	35,836	41,629	(5,793)	151,927
* Prepaids & Accrual Changes	(40)	-	-	-	(40)	-	(40)	-
Vaccine Expenses	-	-	-	-	-	-	-	19,243,022
	<u>35,796</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>35,796</u>	<u>41,629</u>	<u>(5,833)</u>	<u>19,394,949</u>
Increase (Decrease)	3,182,121	-	-	-	3,182,121	3,245,232	(63,112)	(5,419,183)
Cash Balance - Beginning	5,294,329				5,294,329	5,294,329	-	5,294,329
Cash Balance - Ending	8,476,450				8,476,450	8,539,562	(63,112)	(124,854)

Notes:

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

** A positive number represents amounts transferred to the ICS account from the Short Term Investments (CDs) account

A negative number represents amounts transferred to the Short Term Investments (CDs) account from the ICS account

*** Budgeted expense includes annual State of NH payment due June 2023

NHVA UNAUDITED
Statement of Financial Position
YTD FY2023 Q1
Quarter Ended September 30, 2022

	<u>Jun 30, 22</u>	<u>Sep 30, 22</u>	<u>Dec 31, 22</u>	<u>Mar 31, 23</u>	<u>Jun 30, 23</u>
	FYE 22	FY23 - Q1	FY23 - Q2	FY23 - Q3	FY23 - Q4
	Audited	Interim	Interim	Interim	Interim
ASSETS					
Current Assets					
Checking/Savings					
Bank of NH #851031104	\$ 50,000	\$ 49,220	\$ -	\$ -	\$ -
Bank of NH - ICS	\$ 5,244,329	\$ 8,427,230	\$ -	\$ -	\$ -
Total Checking/Savings	<u>\$ 5,294,329</u>	<u>\$ 8,476,450</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Accounts Receivable					
Accounts Receivable (A/R)	\$ (63,939)	\$ -	\$ -	\$ -	\$ -
Allowance for Account Receivable	\$ -	\$ -	\$ -	\$ -	\$ -
Total Accounts Receivable	<u>\$ (63,939)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Other Current Assets					
Prepaid Expenses	\$ 1,960	\$ 1,120	\$ -	\$ -	\$ -
Short Term Investments :					
Short Term Investment - FMV	\$ 5,330,105	\$ 5,223,841	\$ -	\$ -	\$ -
Accrued Investment Income	\$ 6,317	\$ 7,137	\$ -	\$ -	\$ -
Total Short Term Investments	<u>\$ 5,336,421</u>	<u>\$ 5,230,979</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total Other Current Assets	<u>\$ 5,338,381</u>	<u>\$ 5,232,099</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total Current Assets	<u>\$ 10,568,772</u>	<u>\$ 13,708,549</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
TOTAL ASSETS	<u>\$ 10,568,772</u>	<u>\$ 13,708,549</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
* Accrued Expenses & Deferred Revenue	\$ 1,400	\$ 600	\$ -	\$ -	\$ -
Other Current Liabilities					
Liquidity Reserve	\$ 250,000	\$ 250,000	\$ -	\$ -	\$ -
Total Current Liabilities	<u>\$ 251,400</u>	<u>\$ 250,600</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total Liabilities	<u>\$ 251,400</u>	<u>\$ 250,600</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Equity					
Retained Earnings	\$ 13,824,559	\$ 8,471,343	\$ -	\$ -	\$ -
Fund Balance to be Distributed	\$ 1,846,029	\$ 1,846,029	\$ -	\$ -	\$ -
Net Income	\$ (5,353,216)	\$ 3,140,577	\$ -	\$ -	\$ -
Total Equity	<u>\$ 10,317,372</u>	<u>\$ 13,457,949</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
TOTAL LIABILITIES & EQUITY	<u>\$ 10,568,772</u>	<u>\$ 13,708,549</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Notes: * AP State of New Hampshire Payable (June 2023)

Estimate \$ 19,243,022

NHVA UNAUDITED
Statement of Changes in Net Assets
 YTD FY2023 Q1
 Quarter Ended September 30, 2022

	FY23 - Q1 Actual	FY23 - Q2 Actual	FY23 - Q3 Actual	FY22 - Q3 Actual	FY 2023 YTD Actual	FY 2023 YTD Budget	Difference YTD Act to Bud	FY 2023 Annual Budget
Ordinary Income/Expense								
Income								
Assessment Income	\$ 3,272,444	\$ -	\$ -	\$ -	\$ 3,272,444	\$ 3,288,000	\$ (15,556)	\$ 13,944,000
Assessment Income - TRICARE (Completed)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Interest Income - Assessments	\$ 404	\$ -	\$ -	\$ -	\$ 404	\$ 48	\$ 356	\$ 192
Interest Income - Bank & Sweep (ICS)	\$ 9,008	\$ -	\$ -	\$ -	\$ 9,008	\$ 10,871	\$ (1,863)	\$ 70,229
Return on Investments :								
Interest Income - Investments	\$ 17,166	\$ -	\$ -	\$ -	\$ 17,166	\$ 11,866	\$ 5,300	\$ 53,597
Dividend Income	\$ 627	\$ -	\$ -	\$ -	\$ 627	\$ 56	\$ 571	\$ 536
Accrued Investment Inc Earned	\$ 821	\$ -	\$ -	\$ -	\$ 821	\$ -	\$ 821	\$ -
Investment Advisory fees	\$ (5,131)	\$ -	\$ -	\$ -	\$ (5,131)	\$ (4,953)	\$ (178)	\$ (16,680)
Realized Gain or Loss	\$ (1)	\$ -	\$ -	\$ -	\$ (1)	\$ 43	\$ (44)	\$ 173
Unrecognized Gain or Loss	\$ (118,925)	\$ -	\$ -	\$ -	\$ (118,925)	\$ (19,071)	\$ (99,854)	\$ (76,283)
Total Return on Investments :	\$ (105,443)	\$ -	\$ -	\$ -	\$ (105,443)	\$ (12,058)	\$ (93,385)	\$ (38,655)
Total Income	\$ 3,176,413	\$ -	\$ -	\$ -	\$ 3,176,413	\$ 3,286,861	\$ (110,448)	\$ 13,975,766
Expenses								
Vaccine - Annual State Payment	-	-	-	-	-	-	-	19,243,022
Management Fees	27,000	-	-	-	27,000	27,249	(249)	110,877
Professional Fees								
Professional Fees - Legal	1,720	-	-	-	1,720	6,250	(4,530)	25,000
Professional Fees - Audit	5,850	-	-	-	5,850	5,850	-	9,350
Total Professional Fees	7,570	-	-	-	7,570	12,100	(4,530)	34,350
Insurance	840	-	-	-	840	930	(90)	4,250
Postage & Printing (Office)	160	-	-	-	160	135	25	540
Licenses and Fees	-	-	-	-	-	75	(75)	75
Bank Service Charges	-	-	-	-	-	-	-	-
Website & SubContractors	-	-	-	-	-	525	(525)	525
Board Meetings Expense	266	-	-	-	266	615	(349)	1,310
Total Expenses	\$ 35,836	\$ -	\$ -	\$ -	\$ 35,836	\$ 41,629	\$ (5,793)	\$ 19,394,949
Net Ordinary Income	\$ 3,140,577	\$ -	\$ -	\$ -	\$ 3,140,577	\$ 3,245,232	\$ (104,655)	\$ (5,419,183)
Net Income	\$ 3,140,577	\$ -	\$ -	\$ -	\$ 3,140,577	\$ 3,245,232	\$ (104,655)	\$ (5,419,183)
Collection Data:								
Quarter being collected	SFY22 - Q4	SFY23 - Q1	SFY23 - Q2	SFY23 - Q3				
Payment Due Date	08/15/22	11/15/22	02/15/23	05/15/23				
Projected Average Monthly Lives	161,667	160,000	160,000	160,000				
Actual Average Monthly Lives	159,291	-	-	-				
Avg Lives Variance +/-)	(2,376)	(160,000)	(160,000)	(160,000)				
Approved Assessment Rate	\$ 6.85	\$ 6.85	\$ 6.85	\$ 8.50				

Figure 1 shows declining New Hampshire (orange) and United States (blue) unemployment rates which are very close to pre-pandemic levels.

In September 2022, the New Hampshire rate increased by 0.2% from the prior month, whereas the United States rate declined 0.2%. Neither are statistically significant and the trendlines for both are declining. It remains to be seen as to whether a decreasing unemployment rate will result in more child covered lives to commercial or Exchange products (e.g., NHVA’s covered population).

Note: The March 1, 2022, NH Employment Security data release updated the NH unemployment figures back to 2017. The result is that the unemployment rate increased for each month shown in **Figure 1** from the data presented at the January 2022 Board meeting.

Figure 1

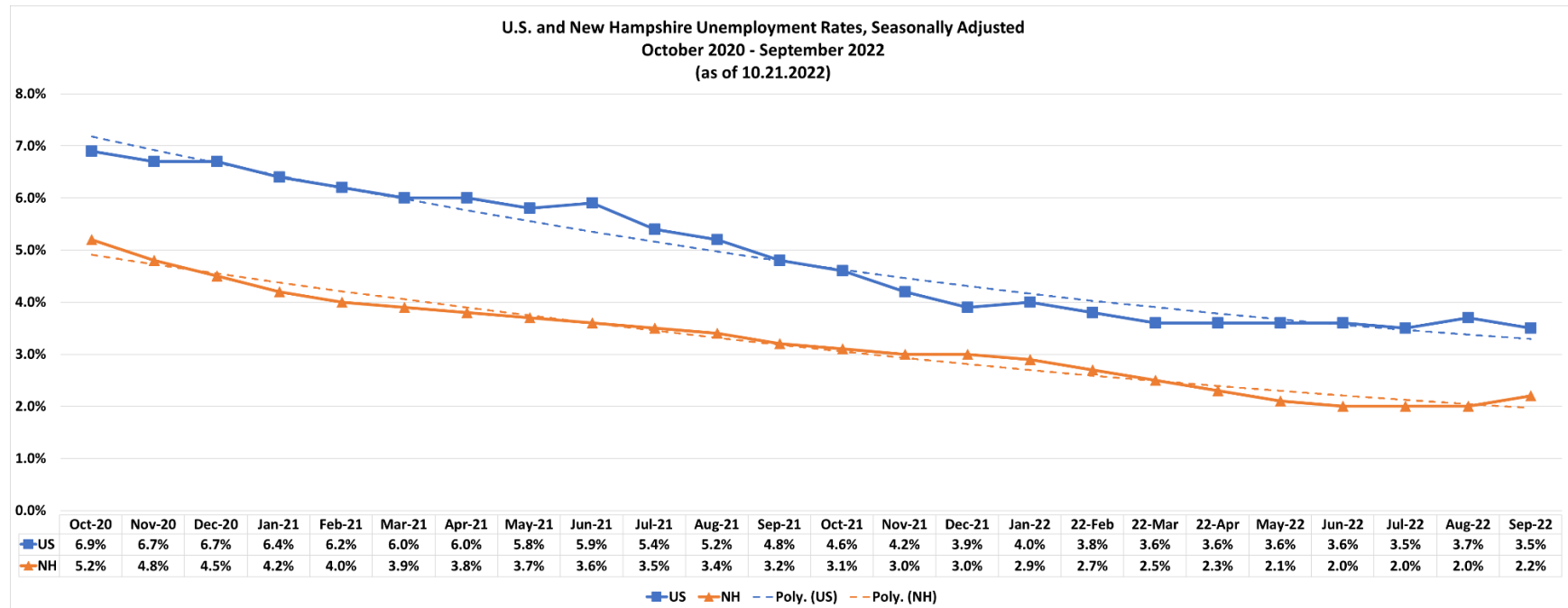
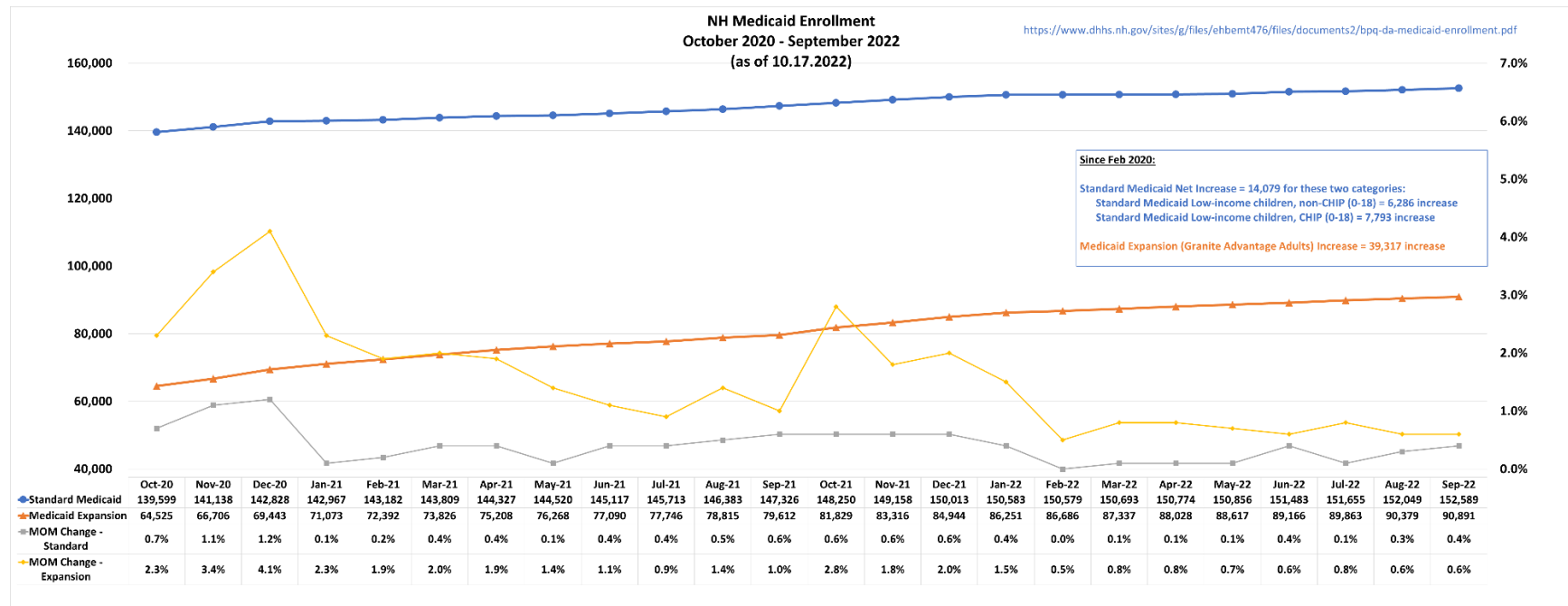


Figure 2 shows increasing Medicaid covered child lives (blue) and Medicaid Expansion covered lives (orange). Since the pandemic began, the number of children covered by Medicaid has increased by 14,079. During the same period, the NHVA has seen its total covered child lives decrease by approximately 7,000. Should the federal public health emergency end, it is expected that some of the 14,079 lives will shift to commercially covered child lives (e.g., NHVA’s covered population).

Note: The federal public health emergency was extended once more in October 2022. It is unclear at this time if it will be extended again in January 2023. The expectation is that when it expires there will be significant reduction in Medicaid eligible covered lives; these lives may or may not transition to commercial insurance or Exchange products.

Figure 2



###