Joint Meeting of the Health Care Cost Transparency Board's

Advisory Committee of Health Care Stakeholders & Advisory Committee on Data Issues

March 27, 2025

Washington State Health Care Authority

Tab 1

Washington State Health Care Authority

Joint Meeting of the Health Care Cost Transparency Board's
Advisory Committee on Data Issues and
Advisory Committee of Health Care Stakeholders

Thurs., March 27, 2024
2–4 p.m.
Hybrid Zoom and in-person

Agenda

Members of the Advisory Committee on Data Issues					
☐	Christa Able	☐	Jason Brown	☐	Ana Morales
☐	Nnabuchi Anikpezie	☐	David DiGiuseppe	☐	Hunter Plumer
☐	Megan Atkinson	☐	Chandra Hicks	☐	Mark Pregler
☐	Amanda Avalos	☐	Leah Hole-Marshall	☐	Russ Shust
☐	Jonathan Bennett	☐	Lichiou Lee	☐	Mandy Stahre
☐	Bruce Brazier	☐	David Mancuso	☐	Julie Sylvester

Members of the Advisory Committee of Health Care Stakeholders					
☐	Emily Brice	☐	Jodi Joyce	☐	Michele Ritala
☐	Patrick Connor	☐	Louise Kaplan	☐	Paul Schultz
☐	Bob Crittenden	☐	Stacy Kessel	☐	Jeb Shepard
☐	Paul Fishman	☐	Eric Lewis	☐	Dorothy Teeter
☐	Jamie Fowler	☐	Vicki Lowe	☐	Wes Waters
☐	Justin Gill	☐	Natalia Martinez-Kohler		
☐	Adriann Jones	☐	Sulan Mylnarek		

Chair of the Advisory Committee on Data Issues	Bianca Frogner
Chair of the Advisory of Health Care Stakeholders	Eileen Cody

Time	Agenda Items	Tab	Lead
2:00-2:05 (5 min)	Welcome, Agenda, and Roll Call	1	Eileen Cody, Chair
2:05-2:10 (5 min)	Introduce new members & new staff	2	Eileen Cody, Chair
2:10-2:15 (5 min)	Approval of August 2024 Health Care Stakeholder Meeting Summary and November 20, 2024 Joint Data Issues & Health Care Stakeholder Meeting Summary November 20 2024 Data Issues Committee Meeting Summary	3	Eileen Cody, Chair
2:15-2:25 (10 min)	Public Comment	4	Jenn Scott, Senior Policy Analyst, HCA
2:25-2:35 (10 min)	Updated Advisory Committee charters	5	Bianca Frogner, Chair

2:35 -2:50 (15 min)	Update of 1/30 and 3/5 Cost Board Meetings	6	Bianca Frogner, Chair
2:50-3:45 (55 min)	Advisory Committee member experience & process improvement discussion	7	Ross Valore, Cost Board and Commissions Director
3:45	Adjourn		Bianca Frogner, Chair

Tab 2

New Advisory Committee Members & Staff

Washington State Health Care Authority

Welcome Jamie Fowler to the Stakeholder Advisory Committee:

- Requirement: One member representing an ambulatory surgery center selected from a list of three nominees
  - Nominated by the Ambulatory Surgery Center Association
- Board approved Nominating Committee's recommendation to appoint Jamie Fowler to join the Stakeholder Advisory Committee on 1/30/25
- Director of Operations at SCA Health Washington and Oregon Region
- Professional with over 22 years of Ambulatory Surgery Center experience and over 12 years of management and leadership experience.
- Master in Healthcare Administration from the University of Washington

Washington State Health Care Authority

Welcome Dr. Nnabuchi Anikpezie to the Advisory Committee on Data Issues:

- Board approved (1/30/25) the Nominating Committee’s recommendation to appoint Dr. Anikpezie to the Data Issues Advisory Committee
- Senior Director of Health Systems & Workforce Intelligence within the Executive Office of Healthcare Innovation & Strategy at the Washington State Department of Health
- DrPH in Health Services Research from UT Health Science Center at Houston
- MPH in Public Health Administration and Policy from the University of Minnesota
- Medical degree from the University of Ibadan
- Experience in major academic health centers, federally qualified health centers, and the pharmaceutical industry
- 10+ years using large volumes of real-world data to improve population health, healthcare access, and equity
- Leads management of state health workforce data to provide insights and inform policy decisions, especially related to cost management, Medicaid populations, and underserved communities

HCA staff updates

MaryAnne Lindeblad

HCA, Acting Director

Ross Valore

Board and Commissions Director

Jenn Scott

Senior Health Policy Analyst

Harrison Fontaine

Senior Health Policy Analyst

Tab 3

Washington State Health Care Authority

Health Care Cost Transparency Board's

Advisory Committee of Health Care Stakeholders

August 21, 2024

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2 – 3:30 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the **Advisory Committee on Health Care Stakeholders webpage**.

Members present

Eileen Cody, Chair
Emily Brice
Patrick Connor
Bob Crittenden
Justin Gill
Nariman Heshmati
Adriann Jones
Jodi Joyce
Louise Kaplan
Eric Lewis
Vicki Lowe
Sulan Mylnarek
Michele Ritala
Paul Schultz
Dorothy Teeter
Wes Waters

Members absent

Paul Fishman
Stacy Kessel
Natalia Martinez-Kohler

Call to order

Hope Kilbourne, committee facilitator, called the meeting of Advisory Committee of Health Care Stakeholders (committee) to order at 2:05 p.m.

Agenda items

Welcome, Agenda, and Introduction of New Member

Eileen Cody, Chair

Chair Cody welcomed the committee to the meeting and provided an overview of the agenda. Michele Ritala was introduced as the newest member of the committee.

Approval of the June 2024 Meeting Summary

Eileen Cody, Chair

The committee **voted to approve** the June 12, 2024, meeting minutes.

Public Comment

Hope Kilbourne, Data & Policy Analyst, Health Care Authority

No written comments were received for public comment.

John Godrey, small business owner and Community Action Network (CAN) representative: The current state of medical debt in Washington is unacceptable, especially considering the robust charity care laws. Separately billed providers do not count as charity care in most situations and gaps in information for patients. In 2020, CAN ran a campaign for systemic billing practices at Providence showing patients were steered away from charity care. Since then, the Attorney General filed a lawsuit and results from a state-wide survey concerning medical debt show medical debt is an ongoing problem requiring more focus on enforcement of charity care laws.

Update of 7/30 Cost Board Meeting

Eileen Cody, Chair

The Health Care Cost Transparency Board (Cost Board) met on July 30, 2024. The meeting included a panel discussion around facility fees from a national and provider perspective. For potential policy recommendations concerning facility fees, the Cost Board requested more information from staff for consideration at the September meeting. New nominees from the Nominating Committee were approved. The Cost Board also reviewed recommendations from the Advisory Committee on Primary Care recommendations on how to best achieve the 12% total health care spend. Of the seven recommendations, the board endorsed five that did not require legislative action. Staff will work on getting more information for consideration by the board. The next Cost Board meeting is on Thursday, September 19, 2024.

State Protections Against Medical Debt Presentation

Maanasa Kona, J.D., L.L.M., Center on Health Insurance Reforms, Georgetown University
Gary Cohen, Health Management Associates (HMA)

Maanasa explained that unpaid medical debt can include past due payments owed directly to health care providers but can also include ongoing payment plans and credit card debt for medical bills. A KFF report showed that almost 100 million people, or 41% of adults, have medical debt. Uninsured patients or people who are undocumented often have medical debt, but also those who are ineligible for Medicaid. Insured patients also have medical debt with almost 40% claiming medical debt. People who are Black and Latino, younger, people living with disabilities or chronic illness are more likely to have medical debt than other communities. Protecting people from medical debt is critical in eliminating disparities and promoting health equity.

While hospitals account for a large portion, there are other sources of medical debt. Increasing health care costs are the biggest contributors to medical debt. Policies that do not consider the upstream issues will be unsustainable. There are federal protections regarding medical debt, credit reporting and debt collectors, and how aggressive debt collectors can be. It is up to the states fill in the gaps.

Policies that can help protect people from medical debt are financial assistance (or charity care) and community benefits. Washington has charity care laws and rules and requires community benefit strategies, however, enforcement could be an issue. Though beneficial, the application process can be difficult and potentially discriminatory, preventing people from receiving support. Presumptive eligibility, standardizing the application process, and financial counseling could help with this issue. Policies that can help patients that already have medical debt are regulating hospitals and debt collectors, billing, and collections practices, and protecting against legal action because of medical debt. Washington does not have robust laws concerning collections practices compared to other states but offers room to create better policies. For protecting against legal action, the state does have laws for homestead exemptions, wage garnishment, and hospital charity care reporting. Requiring hospitals to report patient demographic information, and lien and wage garnishments can account for any discriminatory practices and how well the policies are working.

Gary reviewed Cost Board discussions around medical debt and the committee's work starting in June 2024. He also provided guidance to the committee, including continuing the development of policy recommendations at the November meeting. Overviews of charity care laws and rules, and current Washington state billing and collections practices were provided as requested by the committee at the June meeting.

Medical Debt Policy Prioritization Discussion

Gary Cohen, HMA

Gary facilitated the first medical debt policy prioritization discussion starting with questions and ideas submitted by committee members. Several members identified using accurate and more comprehensive state data, including but not limited to hospitals, was identified to better understand medical debt. Also, compliance and enforcement of current charity care laws and rules which could increase accessible and equitable financial assistance. Members also talked about upstream issues including addressing the high cost of health care, such as rising insurance and deductible costs, as the root issue creating medical debt. This would consider how other organizations and agencies approach this issue, such as rate review of the rising premiums of medical and pharmaceutical trends under the Office of the Insurance Commissioner. Further policy discussion will take place at the next committee meeting after hearing from consumer representatives.

Adjournment

Meeting adjourned at 3:23 p.m.

Next Meeting

Wednesday, November 20, 2024, at 2:00 p.m.
Meeting to be held in-person and on Zoom

Washington State Health Care Authority

Health Care Cost Transparency Board's

Advisory Committee on Data Issues

November 20, 2024

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
4–5 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the Committees is available on the **Advisory Committee on Data Issues** webpage.

Members present

Christa Able
Amanda Avalos
Jonathan Bennett
David DiGiuseppe
Bianca Frogner
Leah Hole-Marshall
Mark Pregler
Russ Shust

Members absent

Megan Atkinson
Bruce Brazier
Jason Brown
Chandra Hicks
Lichiou Lee
David Mancuso
Ana Morales
Hunter Plumer
Mandy Stahre
Julie Sylvester

Call to order

Bianca Frogner, Data Issues Chair, called the meeting of the Advisory Committee (committee) to order at 4:01pm.

Washington State Health Care Authority

Agenda items

Welcoming remarks

Bianca Frogner welcomed committee members and provided an overview of the meeting agenda. Frogner also introduced a new committee member, David DiGiuseppe, who was nominated and approved to serve on the committee at the July 30, 2024 Health Care Cost Transparency Board meeting. DiGiuseppe is Vice President of Healthcare Economics at Community Health Plan of Washington and serves on the Universal Health Care Commission's Finance and Technical Advisory Committee. DiGiuseppe's expertise includes healthcare financing, behavioral health integration, population health adjustment, and value-based purchasing.

Approval of August 2024 meeting summary

The committee **voted to approve** the August 21, 2024 meeting summary.

Public comment

Rachelle Bogue, Health Care Authority, opened the meeting to public comment. No members of the public requested the opportunity to make public comment.

Committee-Cost Board connection

Rachelle Bogue, Health Care Authority

Rachelle Bogue provided an overview of the connection between the Health Care Cost Transparency Board (Board) and the work of its three advisory committees (data issues, health care stakeholders, and primary care). She shared a broad overview of the Board's work, which included:

- Determining the state's total health care expenditures through an annual data call.
- Setting a health care cost growth benchmark for providers and payers.
- Identifying cost trends and cost drivers in the health care system.
- Bringing transparency to health care spending.
- Identifying system-wide solutions for affordability.
- Reporting annually to the Legislature, including providing recommendations for lowering health care costs.

The Advisory Committee on Data Issues supports current Board priorities, including business oversight and facility fees data source support, by providing subject matter expertise (SME) analyses of existing data sources.

Update: Performance against the benchmark

Amanda Avalos, Deputy for Enterprise Analytics, Health Care Authority

Amanda Avalos provided an update on the Board's 2024 data call. Avalos presented data on total medical expense growth (aggregate spending) and total medical expense growth per member per year (PMPY) stratified by market (commercial, Medicare, and Medicaid) from 2021 to 2022. Avalos remarked that enrollment fluctuation by markets or carriers can significantly impact results. For example, aggregate spending for Medicaid

from 2021 to 2022 increased by 5.8%, while total medical expense growth PMPY decreased by 0.7% during the same period.

Avalos noted that the Board's cost growth benchmark for 2024 is applied to large provider organizations. These entities are defined as organizations that deliver health care services, employ primary care providers, and are large enough to enter into total cost of care contracts for whom carriers must report the total medical expense data. Avalos stated that provider organizations with at least 10,000 unique covered lives (based on submitted carrier data) have sufficient volume for the benchmark performance to be accurately and reliably measured. Avalos then discussed the Community Clinic Contracting Network (CCCN) and noted that they will not be subject to the benchmark due to the primary functions they perform, i.e., contract management and support for value-based contracting. Avalos noted that the data team will continue to investigate the role CCCN plays in cost growth moving forward.

Avalos noted that findings against the benchmark analysis will be presented in December at the Cost Board's Public Hearing. One member commented that they had concerns about the cost growth benchmark methodology and stated that according to internal analyses, 35-45% of the spending data attributed to Virginia Mason Franciscan Health (VMFH) was not in the VMFH system. When called for a specific recommendation to the Board, this member stated they would recommend the Board validate the approach with subject matter experts. Another member responded that the Board had already validated their approach with subject matter experts and this work was well-documented. Members were encouraged to attend the Cost Board's Public Hearing on December 12th to provide feedback on the benchmark report at that time.

Presentation: Best practices report

Liz Arjun and Jeanene Smith, Health Management Associates

Liz Arjun reminded committee members that the Board voted to recommend the National Academy for State Health Policy's (NASHP) model legislation on business oversight and mergers. Following this recommendation and recognizing that there were outstanding questions regarding data for this legislation, the Board requested support from the Advisory Committee on Data Issues to develop a "crosswalk" of necessary data and to provide an overview of Washington state's current efforts on business oversight and mergers.

Jeanene Smith then provided an overview of the "Best Practices Report," which she stated will be shared with committee members in the near future. This report lays out (among other items) how other states addressing business oversight and mergers are approaching data collection, reporting, and analysis. Smith noted that there are eight states that have active health care cost growth benchmarking programs (MA, DE, RI, OR, CT, WA, NJ, CA) and that the team focused on four of these states to provide detailed information about their business oversight programs to oversee mergers and acquisitions (MA, RI, OR, CA). Smith highlighted three common features across these four states:

1. They have the authority to collect and use data to monitor health system spending trends.
2. They have data and analytic capacity to support data analysis/reporting and to create use cases.
3. They have strategies in place to apply their data to advance state strategies.

Smith stated that best practices for data looked like obtaining a comprehensive view of the drivers of cost growth that allow analysis and reporting to provide insight into the entire health care system. She indicated that in Washington, the data that supports the Board includes use of Washington's voluntary All-Payer Claims Database (APCD), a call to carriers and providers for information about health care expenditures, and analysis by a small team within HCA and through a partnership with the Institute for Health Metrics and Evaluation (IHME) at

the University of Washington (UW). Smith noted there are other sources for relevant data in Washington, highlighting data from state agencies such as the Department of Health, the Office of the Insurance Commissioner, the Office of the Attorney General, the Office of Financial Management, and the Department of Social and Health Services Research and Data Analytics.

Discussion: Best practices report

Committee members

Committee members had a robust discussion on the ways Washington could improve its data collection and analysis efforts for mergers and acquisitions. One member noted that hospitals are already reporting some of this information to several different state agencies and highlighted that Washington data should be used to solve Washington's problems, recommending against looking to other states to identify potential areas for improvement. It was also noted that mergers apply to more than just hospitals.

For context, Chair Frogner noted that the Board is interested in understanding what mergers and acquisitions do to cost growth in Washington state. Currently, the Board does not have a clear picture on whether mergers and acquisitions impact growth in health care spending in our state. One member asked whether the intent is to take a retrospective look at what has happened after mergers or to predict what may happen in the event of a proposed merger. Chair Frogner clarified that the intent is retrospective to start. Jeanine Smith of HMA noted that in Oregon it is prospective, prior to a merger taking place. For a retrospective analysis, committee members requested more information about what data the Office of the Attorney General may have and whether that information could be used for this purpose.

Another member felt the committee did not have the information it needed in order to make a recommendation to the Board at this time. They noted that even though there is already a lot of data being collected, there have been several publications highlighting that the right data is still not being collected. It was determined that a volunteer team from the committee should come together to evaluate the data reporting already in place in Washington and identify any data gaps. Committee member Jonathan Bennett volunteered to work on this project. Other committee members requested more information from HCA staff about the magnitude of the request, including the estimated time commitment.

Adjournment

Meeting adjourned at 5:02pm.

Next Meeting

Thursday, March 27, 2025 (tentative)
Time to be announced. Meeting to be held in-person and on Zoom.

Washington State Health Care Authority

Health Care Cost Transparency Board's

Advisory Committee of Health Care Stakeholders

November 20, 2024

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2–3 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the **Health Care Stakeholder Advisory Committee** webpage.

Members present

Emily Brice
Patrick Connor
Bob Crittenden
Justin Gill
Louise Kaplan
Eric Lewis
Natalia Martinez-Kohler
Sulan Mlynarek
Michele Ritala
Paul Schultz
Dorothy Teeter
Wes Waters

Members absent

Eileen Cody
Paul Fishman
Nariman Heshmati
Adriann Jones
Jodi Joyce
Stacy Kessel
Vicki Lowe

Call to order

Bianca Frogner, Data Issues Committee Chair, called the meeting of the Advisory Committee of Health Care Stakeholders (committee) to order at 2:06 p.m.

Agenda items

Welcoming remarks

Bianca Frogner welcomed committee members and provided an overview of the meeting agenda.

Approval of August 2024 meeting summary

Several members indicated they had not received their meeting packets and were not able to review the August 21, 2024 meeting summary. Approval of the August meeting summary was tabled to the committee's next meeting.

Public comment

Rachelle Bogue, Health Care Authority, opened the meeting to public comment. No members of the public requested the opportunity to make public comment.

Committee-Cost Board connection

Rachelle Bogue, Health Care Authority

Rachelle Bogue provided an overview of the connection between the Health Care Cost Transparency Board (Board) and the work of its three advisory committees (data issues, health care stakeholders, and primary care). She shared a broad overview of the Board's work, which included:

- Determining the state's total health care expenditures through an annual data call.
- Setting a health care cost growth benchmark for providers and payers.
- Identifying cost trends and cost drivers in the health care system.
- Bringing transparency to health care spending.
- Identifying system-wide solutions for affordability.
- Reporting annually to the Legislature, including providing recommendations for lowering health care costs.

The Advisory Committee of Health Care Stakeholders supports current Board priorities, including recommending medical debt policies, by helping identify opportunities to slow cost growth and address growing affordability concerns.

Panel: Impacts of medical debt on consumers

Eli Rushbanks, General Counsel and Director of Policy Advocacy, Dollar For
Julia Kellison, Staff Attorney, Northwest Justice Project

Eli Rushbanks provided a brief presentation on medical debt and charity care. Rushbanks highlighted that most US hospitals are legally required to provide free care to low- and middle-income patients. However, Dollar For research indicates that the application process to receive this free care is not straightforward and that many patients who should have been eligible for charity care have medical debt. Rushbanks reported that many hospitals require multiple forms of income and asset verification and oftentimes these applications must be faxed, mailed, or hand delivered, which can be highly burdensome to patients.

Highlighting Dollar For research, Rushbanks reported that only 7% of patients denied charity care paid their bill in full and suggested that hospital revenue would not be significantly impacted by bringing charity care allotment to 100% and that hospital bad debt would likely be dramatically reduced as a result. Rushbanks also highlighted the policy recommendation to screen all patients for charity care eligibility as part of hospitals' discharge and billing processes.

Julia Kellison provided a brief presentation on debt collection, medical debt, and the work of the Northwest Justice Project (NJP), Washington's largest publicly funded legal aid program. NJP provides free legal assistance to people with low incomes (primarily people with incomes less than 200% of the Federal Poverty Level) in their Debt Collection Defense Clinic. Kellison shared that medical debt has been the most persistent debt problem their low-income clients face since the clinic opened in 2011. Pursuant to Washington's Charity Care laws, NJP can stop all collection activity, including lawsuits, to allow their client to apply for Charity Care, which if awarded, results in any lawsuits being dismissed. However, if the debt is not charity care-eligible (e.g., ambulance bills, radiology, labs) and the client is not covered by Medicaid this presents problems for patients with low incomes.

Kellison shared the following key features of medical debt and debt collection in Washington:

- The Statute of Limitations on medical debt is generally 6 years
- Patients may get no notice at all that the bill is in collections
- Medical debt over $500 can remain on a credit report for 7 years
- If a patient is sued for non-Charity Care-eligible medical debt for which there is no affirmative defense, a judgment will be entered at 9% interest, which can last up to 20 years
- Once a judgment is entered, a judgment creditor can choose to collect via wage garnishment (with $300 of debt collection attorney's fees being added to the debt every 60 days) or bank garnishment (where bank accounts can be wiped out of all but $1,000)

Discussion: Medical debt policy, part 2

Gary Cohen, Health Management Associates

Gary Cohen led a discussion on medical debt policies. Gary presented potential policy actions for medical debt (referenced from the Attorney General's Office model), including:

- Measuring the amount of medical debt by requiring reporting of collection actions and breaking down financial assistance data by patient demographics
- Preventing accumulation of medical debt by reducing barriers to apply for financial assistance, expanding entities required to provide financial assistance, and setting minimum spending floors for financial assistance
- Reducing accrued medical debt by increasing and/or enforcing charity care and community benefits and buying existing medical debt

Many members were supportive of all three policy actions and encouraged the Board to primarily focus upstream on preventing accumulation of medical debt in the first place. Members also encouraged the Board to make strong policy statements regarding the need to enforce the established rules around charity care and medical debt. Some members felt the Board should focus on cost drivers rather than symptoms like medical debt. Finally, one member raised insurance benefit design as an opportunity to prevent medical debt. Another member replied that insurance design is driven by cost and trend at the national level, which limits its usefulness in preventing medical debt.

Adjournment

Meeting adjourned at 3pm.

Next Meeting

Thursday, March 27, 2025 (tentative)
Time to be announced. Meeting to be held in-person and on Zoom.

Tab 4

Public Comment

Tab 5

Advisory Committee Charter Changes: New Attendance Policy

Regular attendance, in-person or virtual, of committee members is essential for the work of the Advisory Committee of [Health Care Stakeholders/Data Issues] in order to provide feedback to the Health Care Cost Transparency Board. If a committee member misses three meetings in a calendar year, or three consecutive meetings in a twelve-month period, they will be notified by a staff member of the Health Care Authority supporting the work of the Cost Board that they are being removed due to attendance.

HEALTH CARE COST TRANSPARENCY BOARD'S

Advisory Committee on Data Issues

What is the Purpose of the Advisory Committee on Data Issues?

Assisting the Health Care Cost Transparency Board ("Board"), the role of the Advisory Committee of Data Issues is to provide expert advice to the Board on data calls and in the analysis of existing data sources to determine cost drivers.

Membership:

As indicated in House Bill 2457, section 4 and related RCWs, the Advisory Committee of Data Issues will be appointed by the Board.

Roles and Responsibilities:

The Board has the authority to establish and appoint advisory committees, in accordance with the requires of section 4 of House Bill 2457 and seek input and recommendations from the advisory committee on topics relevant to the work of the board. The roles and responsibilities of the advisory committee shall include:

- Determine the types of sources of data necessary to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark, including execution of any necessary access and data security agreements with the custodians of the data.
- Help to identify existing data sources, such as the statewide health care claims database established in chapter 43.371 RCW and prescription drug data collected under chapter 43.71C RCW, and primarily rely on these sources when possible in order to minimize the creation of new reporting requirements.
- Determine the means and methods for gathering data to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark.
- Providing feedback to the Board to select an appropriate economic indicator to use when establishing the health care cost growth benchmark.
- Providing recommendations to the Board on data issues regarding the value and feasibility of reporting various categories of information.
- Collaborating with the Board and HCA staff to help create buy-in across the various markets and provider organizations and offering suggestions that may help streamline the data collection process.
- Serving as a liaison between the Board and health care community by relaying essential information to carriers and providers and bringing forth feedback from carriers and providers to the Board to ensure all parties involved have an opportunity to address how to slow cost growth and to address growing affordability concerns for the state of Washington at various levels.

- Regular attendance and participation in advisory committee meetings. This includes reviewing meeting materials ahead of the scheduled meeting, coming prepared to engage in an active discussion with other advisory board members, and providing any input to help the conversation continue moving forward.

Meetings:

The Advisory Committee on Data Issues will meet as needed (likely no more than six times annually) to fulfill its mandate to the Board of providing subject matter expertise and support to the Board.

Quorum:

A majority of the Advisory Committee on Data Issues members constitutes a quorum for a meeting of the committee. If a meeting does not have a quorum of members present or does not maintain a quorum, the meeting may be cancelled or rescheduled so that there are sufficient members to fulfill the Committee's responsibilities.

Accountability and Reporting:

The Advisory Committee on Data Issues is accountable to the Board and to report its activities and to provide subject matter expertise at the request of the Board or to follow up on requests of the Board.

Attendance:

Regular attendance, in-person or virtual, of committee members is essential for the work of the Advisory Committee on Data Issues in order to provide feedback to the Health Care Cost Transparency Board. If a committee member misses three meetings in a calendar year, or three consecutive meetings in a twelve-month period, they will be notified by a staff member of the Health Care Authority supporting the work of the Cost Board that they are being removed due to attendance.

HEALTH CARE COST TRANSPARENCY BOARD

Advisory Committee of Health Care Stakeholders

What is the Purpose of the Advisory Committee of Health Care Stakeholders?

Assisting the Health Care Cost Transparency Board ("Board"), the role of the Advisory Committee of Health Care Stakeholders is to provide subject matter expertise, feedback, and support to the Board regarding the cost growth benchmark. The Advisory Committee of Health Care Stakeholders will also help the Board identify opportunities to slow cost growth and address growing affordability concerns for the state of Washington at various levels (state, market, carrier, and large provider entity.)

Membership:

As indicated in House Bill 2457, section 4 and related RCWs, the Advisory Committee of Health Care Stakeholders will be appointed by the Board and appointments to the advisory committee must include the following membership:

- One member representing hospitals and hospital systems, selected from a list of three nominees submitted by the Washington State Hospital Association;
- One member representing federally qualified health centers, selected from a list of three nominees submitted by the Washington Association of Community Health;
- One physician, selected from a list of three nominees submitted by the Washington State Medical Association;
- One primary care physician, selected from a list of three nominees submitted by the Washington State Academy of Family Physicians;
- One member representing behavioral health providers, selected from a list of three nominees submitted by the Washington council for behavioral health;
- One member representing pharmacists and pharmacies, selected from a list of three nominees submitted by the Washington state pharmacy association;
- One member representing advanced registered nurse practitioners, selected from a list of three nominees submitted by ARNPs united of Washington state;
- One member representing tribal health providers, selected from a list of three nominees submitted by the American Indian health commission;
- One member representing a health maintenance organization, selected from a list of three nominees submitted by the association of Washington health care plans;
- One member representing a managed care organization that contracts with the authority to serve medical assistance enrollees, selected from a list of three nominees submitted by the association of Washington health care plans;
- One member representing a health care service contractor, selected from a list of three nominees submitted by the association of Washington health care plans;
- One member representing an ambulatory surgery center selected from a list of three nominees submitted by the ambulatory surgery center association; and

    - Three members, at least one of whom represents a disability insurer, selected from a list of six nominees submitted by America's health insurance plans.

As indicated in House Bill 1508, the Advisory Committee of Health Care Stakeholders shall also have the additional members:

- At least two members representing the interests of consumers, selected from a list of nominees submitted by consumer organizations;
- At least two members representing the interests of labor purchasers, selected from a list of nominees submitted by the Washington state labor council; and
- At least two members representing the interests of employer purchasers, including at least one small business representative, selected from a list of nominees submitted by business organizations. The members appointed under this subsection (3)(p) may not be directly or indirectly affiliated with an employer which has income from health care services, health care products, health insurance, or other health care sector-related activities as its primary source of revenue.

Roles and Responsibilities:

The Advisory Committee of Health Care Stakeholders is responsible for:

- Providing recommendations to the Board about the types of sources of data necessary to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark, including execution of any necessary access and data security agreements with the custodians of the data.
- Helping to identify existing data sources, such as the statewide health care claims database established in chapter 43.371 RCW and prescription drug data collected under chapter 43.71C RCW, and primarily rely on these sources when possible, in order to minimize the creation of new reporting requirements.
- Reporting to the Board the means and methods for gathering data to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark.
- Providing feedback to the Board to select an appropriate economic indicator to use when establishing the health care cost growth benchmark.
- Providing recommendations to the Board on data issues regarding the value and feasibility of reporting various categories of information regarding the value and feasibility of reporting various categories of information, such as urban and rural, public sector and private sector, and major categories of health services, including prescription drugs, inpatient treatment, and outpatient treatment.
- Providing recommendations based on the annual calculation of total health care expenditures and health care cost growth:
    - Statewide and by geographic rating area;
    - For each health care provider or provider system and each payer.
- Offering the Board feedback in relation to the growth benchmark, including understanding for outliers or unexplained trends with the cost growth data analysis.

- Collaborating with the Board and HCA staff to help create buy-in across the various markets and provider organizations and offering suggestions that may help streamline the data collection process with carriers and HCA.
- Serving as a liaison between the Board and health care community by relaying essential information to carriers and providers and bringing forth feedback from carriers and providers to the Board to ensure all parties involved have an opportunity to address how to slow cost growth and address growing affordability concerns for the state of Washington at various levels (state, market, carrier, and large provider entity.)
- Regular attendance and participation in advisory committee meetings. This includes reviewing meeting materials ahead of the scheduled meeting, coming prepared to engage in an active discussion with other advisory board members, and providing any input to help the conversation continue moving forward.

Meetings:

The Advisory Committee of Health Care Stakeholders will meet as needed (likely no more than six times annually), to fulfill its mandate to the Board of providing subject matter expertise and advise related to health carriers and large provider organizations.

Quorum:

A majority of the Advisory Committee of Health Care Stakeholders members constitutes a quorum for a meeting of the committee.

Accountability and Reporting:

The Advisory Committee of Health Care Stakeholders is accountable to the Board and reports its activities and recommendations to the Board. Time-sensitive issues are brought to the Board's attention in a timely manner.

Attendance:

Regular attendance, in-person or virtual, of committee members is essential for the work of the Advisory Committee of Health Care Stakeholders in order to provide feedback to the Health Care Cost Transparency Board. If a committee member misses three meetings in a calendar year, or three consecutive meetings in a twelve-month period, they will be notified by a staff member of the Health Care Authority supporting the work of the Cost Board that they are being removed due to attendance.

Tab 6

Washington State
Health Care Authority

Cost Board Update to Committee

Meeting held on Thursday, January 30, 2025

- Operational Updates
  - MaryAnn Lindeblad has been appointed Interim HCA Director
  - Mich'l Needham, HCA Chief Policy Officer, is serving as interim board chair
  - Ross Valore is the new Director for Board and Commissions Unit, HCA
  - Jenn Scott and Harrison Fontaine are new Senior Policy Analysts supporting the Cost Board's advisory committees
  - Josefina Magana, Policy Analyst, has transitioned from HCA to another agency
  - Kahlie Dufresne has returned to her full-time role
  - New committee member nominations from the Nominating Committee

Cost Board Update to Committee continued

- Recapped Performance Against the Benchmark Data & provided analysis on 5 questions from the December 2024 Public Hearing
- Introduced a new public Dashboard – HealthCareCompare
- Discussed whether updates to Cost Growth Against the Benchmark attribution methodology should be reviewed. Plan to address at April 24, 2025, Cost Board meeting

Cost Board Update to Committee

Meeting held on Thursday, March 5, 2025

- Presentation on OnPoint's APCD analysis of cost drivers, identification of top health care expenditures, and expenditures related to behavioral health
- Presentation by Institute for Health Metrics and Evaluation on Analytic Support Initiative project status and review of two questions for additional analysis to complete the grant
- Follow-up on NASHP's Comprehensive Model Addressing Transaction Oversight, Corporate Practice of Medicine and Transparency – crosswalk with current WA State legislation related to facility oversight

Tab 7

Washington State Health Care Authority

Advisory Committee Member Experience & Process Improvements

Ross Valore, Cost Board & Commissions Director

Washington State Health Care Authority

Member Experience

- We want to hear about your experience as an Advisory Committee member!
  - Do you feel we are making good use of your time?
  - Do you find meeting packets helpful? How could these be improved?
  - Do you feel that you get enough information about what the Cost Board is working on?
  - Do you feel the work of advisory committees furthers the mission of the Cost Board? How could this be improved?
  - Does the work advisory committees have been assigned utilize the expertise of advisory committee members? How could this be improved?

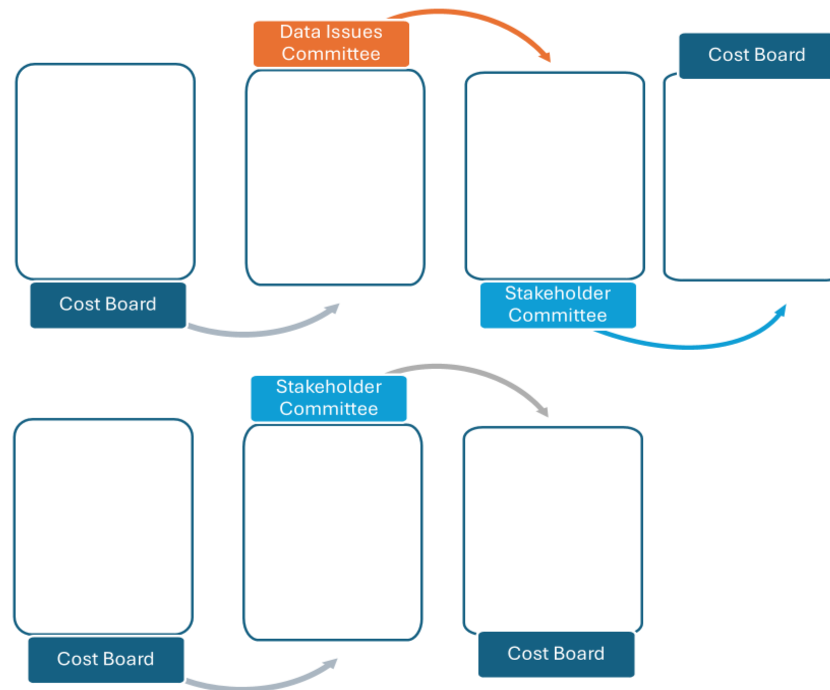
Washington State Health Care Authority

Process Improvement: Committee input

The Cost Board is in a new phase of its work. It is time to revisit how to best use the advisory committees for expertise and feedback on proposed recommendations.

The Cost Board identifies priorities and direction; the committees give specific **input on how best** to achieve those priorities.

Depending on the issue, some will be addressed with feedback only from the **Stakeholder Committee, others by both.**



Process Improvement Ideas

- We value the time and energy you dedicate to advisory committee work.
- We also acknowledge you have many competing priorities for your time.
- We would love to hear any suggestions to improve our processes to better utilize your time and expertise.
- Please feel free to submit feedback at any time to HCAHCCTBoard@hca.wa.gov

Thank you for attending the joint Data and Stakeholders Advisory Committees meeting!