

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

September 25, 2025

Tab 1

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

**Thurs., September 25, 2025
2–4 p.m.
Hybrid Zoom and in-person**

Agenda

Members of the Advisory Committee on Data Issues

<input type="checkbox"/>	Christa Able	<input type="checkbox"/>	Jason Brown	<input type="checkbox"/>	Mark Pregler
<input type="checkbox"/>	Nnabuchi Anikpezie	<input type="checkbox"/>	Chandra Hicks	<input type="checkbox"/>	Russ Shust
<input type="checkbox"/>	Megan Atkinson	<input type="checkbox"/>	Leah Hole-Marshall	<input type="checkbox"/>	Mandy Stahre
<input type="checkbox"/>	Amanda Avalos	<input type="checkbox"/>	David Mancuso	<input type="checkbox"/>	Julie Sylvester
<input type="checkbox"/>	Jonathan Bennett	<input type="checkbox"/>	Ana Morales		
<input type="checkbox"/>	Bruce Brazier	<input type="checkbox"/>	Hunter Plumer		

Members of the Advisory Committee of Health Care Stakeholders

<input type="checkbox"/>	Emily Brice	<input type="checkbox"/>	Jodi Joyce	<input type="checkbox"/>	Michele Ritala
<input type="checkbox"/>	Patrick Connor	<input type="checkbox"/>	Louise Kaplan	<input type="checkbox"/>	Paul Schultz
<input type="checkbox"/>	Bob Crittenden	<input type="checkbox"/>	Stacy Kessel	<input type="checkbox"/>	Jeb Shepard (interim member)
<input type="checkbox"/>	Paul Fishman	<input type="checkbox"/>	Vicki Lowe	<input type="checkbox"/>	Dorothy Teeter
<input type="checkbox"/>	Jamie Fowler	<input type="checkbox"/>	Natalia Martinez-Kohler	<input type="checkbox"/>	Wes Waters
<input type="checkbox"/>	Justin Gill	<input type="checkbox"/>	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	Presenter
2:00–2:10 (10 min)	Welcome, agenda, and roll call	1	Eileen Cody, Chair
2:10–2:15 (5 min)	Approval of minutes from May 22, 2025 Joint Advisory Committee	2	Eileen Cody and Bianca Frogner, Advisory Committee Chairs
2:15–2:20 (5 min)	Public comment	3	Harrison Fontaine, Senior Health Policy Analyst Health Care Authority
2:20–2:45 (25 min)	Cost Board updates	4	Eileen Cody and Bianca Frogner, Advisory Committee Chairs
2:45–3:15 (30 mins)	Data call: Background, updates/future directions, and questions	5	Amanda Avalos, Deputy for Enterprise Analytics, Research, and Reporting Health Care Authority
3:15–3:45 (30 min)	Building blocks: Bill implementation:	6	Ross Valore, Board & Commissions Director Health Care Authority

E2SHB 1686: Provider Registry

SSB 5568 : State Health Plan-
data sources and discussion

Mandy Stahre, Director
Dan Bolton, Senior Research Scientist
Joyce Fan, Senior Research Scientist
Health Care Research Center
Office of Financial Management

3:45

Adjourn

Bianca Frogner, Chair

Tab 2

Joint meeting of the Advisory Committee on Data Issues and Health Care Stakeholders Advisory Committee meeting minutes

May 22, 2025

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2-4 p.m.

Note: This meeting was video recorded in its entirety. The recording and all materials provided to and considered by the Board are available on the [Health Care Cost Transparency Board webpage](#).

Advisory Committee on Data Issues

Members present

Christa Able
Nnabuchi Anikpezie
Amanda Avalos
Jonathan Bennett
Bruce Brazier
David DiGiuseppe
Bianca Frogner, Chair
Chandra Hicks
Leah Hole-Marshall
Hunter Plumer
Mark Pregler
Russ Shust
Mandy Stahre
Julie Sylvester

Members absent

Megan Atkinson
Jason Brown
David Mancuso
Ana Morales

Health Care Stakeholders Advisory Committee

Members present

Emily Brice
Eileen Cody, Chair
Patrick Connor
Bob Crittenden
Adriann Jones
Jodi Joyce
Natalia Martinez-Kohler
Eric Lewis
Sulan Mlynarek
Paul Schultz
Jeb Shepard
Dorothy Teeter
Wes Waters

Members absent

Paul Fishman
Jamie Fowler
Justin Gill
Louise Kaplan
Stacy Kessel
Vicki Lowe
Michele Ritala

Call to order

Eileen Cody, Chair of the Health Care Stakeholders Advisory Committee, called the joint meeting of the Advisory Committee on Data Issues and the Health Care Stakeholders Advisory Committee to order at 2:01 p.m.

Agenda items

Welcoming remarks

Eileen Cody reviewed the meeting agenda. To review the agenda, please see Tab 1: Agenda.

Ross Valore, Director, Board and Commission, Health Care Authority (HCA), conducted the roll call. A quorum of members was present for each advisory committee. Committee members and the public attended either in person or virtually via Zoom.

Approval of meeting minutes

Board members made first and second motions to approve the March 27, 2025, meeting summary for the joint Health Care Stakeholders and Committee on Data Issues advisory committees. Minutes were approved by unanimous vote.

To review the approved meeting minutes, please see Tab 2: Meeting minutes.

Public comment

Bianca Frogner, Chair, Advisory Committee on Data Issues, called for comments from the public. There was no public comment.

Analytic streams and ASI strategy

Harrison Fontaine, Senior Health Policy Analyst, HCA, presented an overview on HCA's reports and data streams, key findings and takeaways. He emphasized how the Analytic Support Initiative (ASI), a 2-year project supported by the Peterson Center on Healthcare and Gates Ventures, complements other analytic work.

Joe Dieleman, Institute for Health Metrics and Evaluation (IHME), presented an overview of findings from IHME's latest ASI analyses. IHME looked at how utilization of outpatient services and preventable admissions interact with rurality and wealth. They also assessed the spending burden associated with the top contributors of potentially preventable hospital admissions.

Bianca Frogner led the discussion about Dr. Dieleman's presentation.

- **Emily Brice** asked how county-level utilization trends are related to expenditures and commented that people who live in places with less access also have more expensive care.
- **Bianca Frogner** asked about the impact of comorbid conditions, as patients who are of low income or who live in rural areas may have more comorbidities. Joe responded that this could contribute to the trends observed in the IHME disease-specific analysis. IHME found that utilization is driven by the primary reason for the medical visit rather than prevalence of other diseases, but further analysis would be needed to attribute specific conditions to preventable inpatient admissions.
- **Hunter Plumer** stated that the correlation between ambulatory and inpatient care indicates that counties with higher prevalence of diabetes also have higher comorbidities.
- **Eileen Cody** asked if IHME has looked at public health spending by county. Joe responded that tracking public health programs is hard because money comes from state, local and federal sources.
- **Adriann Jones** said that funding to support public health in rural areas has stopped.

To review the materials for this agenda item, please see Tab 4:

- Cost Board reports overview

- Analytic Support Initiative WA Health Care Cost Transparency Board

Hospital expenditures

Harrison Fontaine presented data on hospital spending growth. Analysis of expenditures and drivers indicates that hospital inpatient and outpatient substantially contribute to Washington's cost growth. Committee members had diverging opinions about whether hospital costs are driving health care costs in Washington and whether the focus on controlling hospital pricing was the right strategy for the Cost Board.

Ross Valore described several strategies that were presented to the Cost Board as potential solutions to address hospital cost growth. He noted that the Cost Board also had an interest in adding global budgets to the list of potential policy levers.

Eileen Cody led a committee discussion.

Advisory committee members talked about how hospital policy levers aimed at limiting hospital prices and revenues could have unintended consequences, including:

- Negative impacts to hospital financial stability, including inability to continue operations
- Incentive to avoid treating patients who are more likely to drive high costs
- Negative impacts on treatment quality if hospitals cannot afford high-cost drugs, technology, and devices

To better understand what is driving health care costs in Washington, the advisory committees' recommendations are:

- Bring analysis of medical condition and service line data into the discussion of costs
- Assess how Washington's law on guardianship impacts hospitals financially, specifically their inability to discharge patients who no longer meet medical criteria
- Emphasize Washington state data over national trends
- Present information on Washington hospitals doing a good job at keeping spending and costs down and what others can learn from them
- Include quality, health outcomes and patient access as considerations in future discussions about hospital costs
- Look at costs from the supply side
 - Hospital infrastructure
 - Wages
 - Drugs and equipment
 - The rate of inflation over the past few years
- Take a collaborative approach to understanding why patients are hospitalized for avoidable admissions
- Focus on how we help hospitals make the changes necessary to manage their pricing and costs rather than simply putting a cap on their prices

To review the materials for this agenda item, please see Tab 5: Moving from data to policy: Hospital policy levers

Legislative update

Daniel Garcia, Legislative Analyst, HCA, provided an update on the 2025 legislative session, highlighting selected agency request legislation and affordability related bills.

To review materials for this agenda item, please see Tab 6: Cost Board Legislative Update

Wrap up and adjourn

The meeting adjourned at 4 p.m.

The next joint meeting of the Advisory Committee on Data Issues and the Health Care Stakeholders Advisory Committee is on October 23, 2025. The start time is 2 p.m.

Tab 3

Public comment

Tab 4

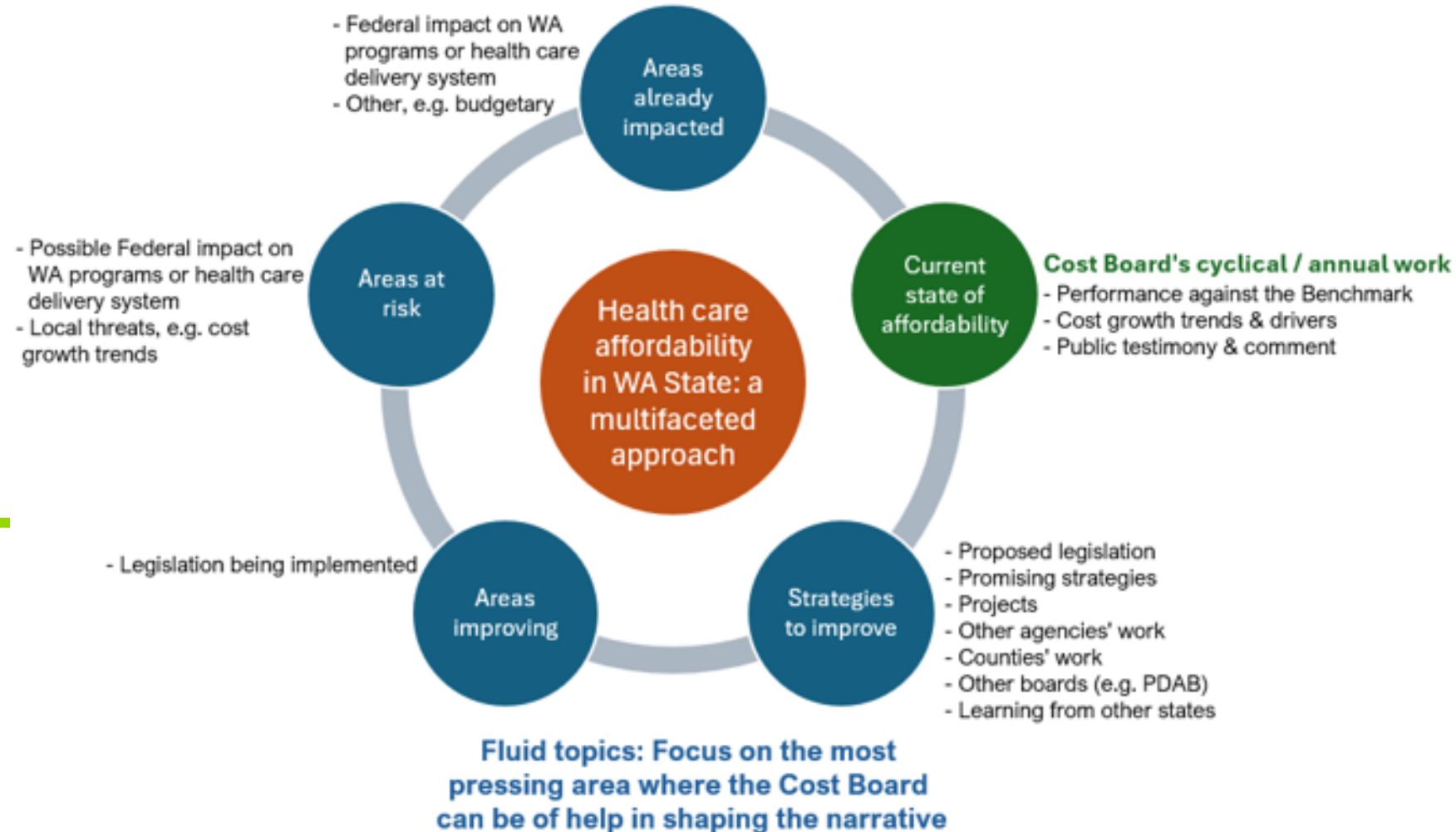
Cost Board Update to Committee

Meetings held on June 3, 2025 & July 22, 2025

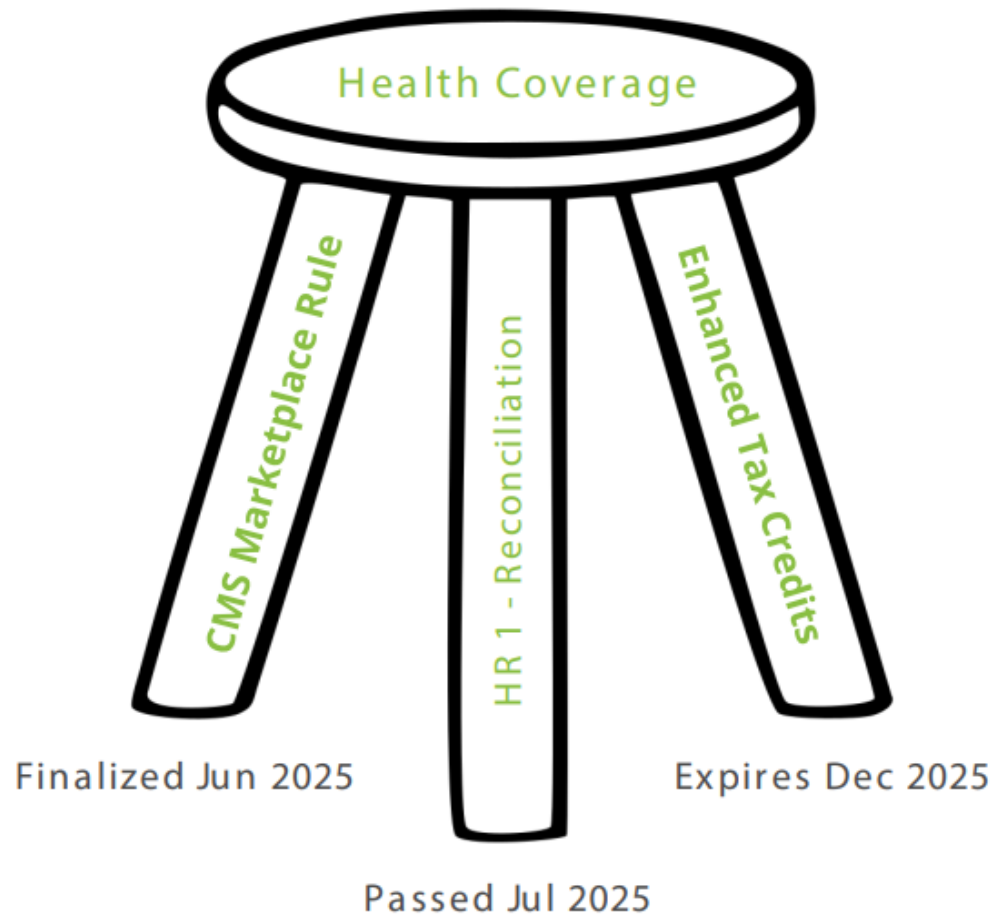
- ▶ June 3: Summary of joint advisory committee feedback to the Cost Board
 - ▶ Member experience feedback from 3/27/25 meeting
 - ▶ Hospital cost growth strategies feedback from 5/22/25 meeting
- ▶ June 3: Reviewed Cost Transparency Board's scope and multi-faceted approach
 - ▶ See graphic on next slide
- ▶ July 22: Panel of agency staff and panel of payers on anticipated federal impacts in Washington state

The Cost Board's areas of focus

Addressing affordability through a multifaceted approach



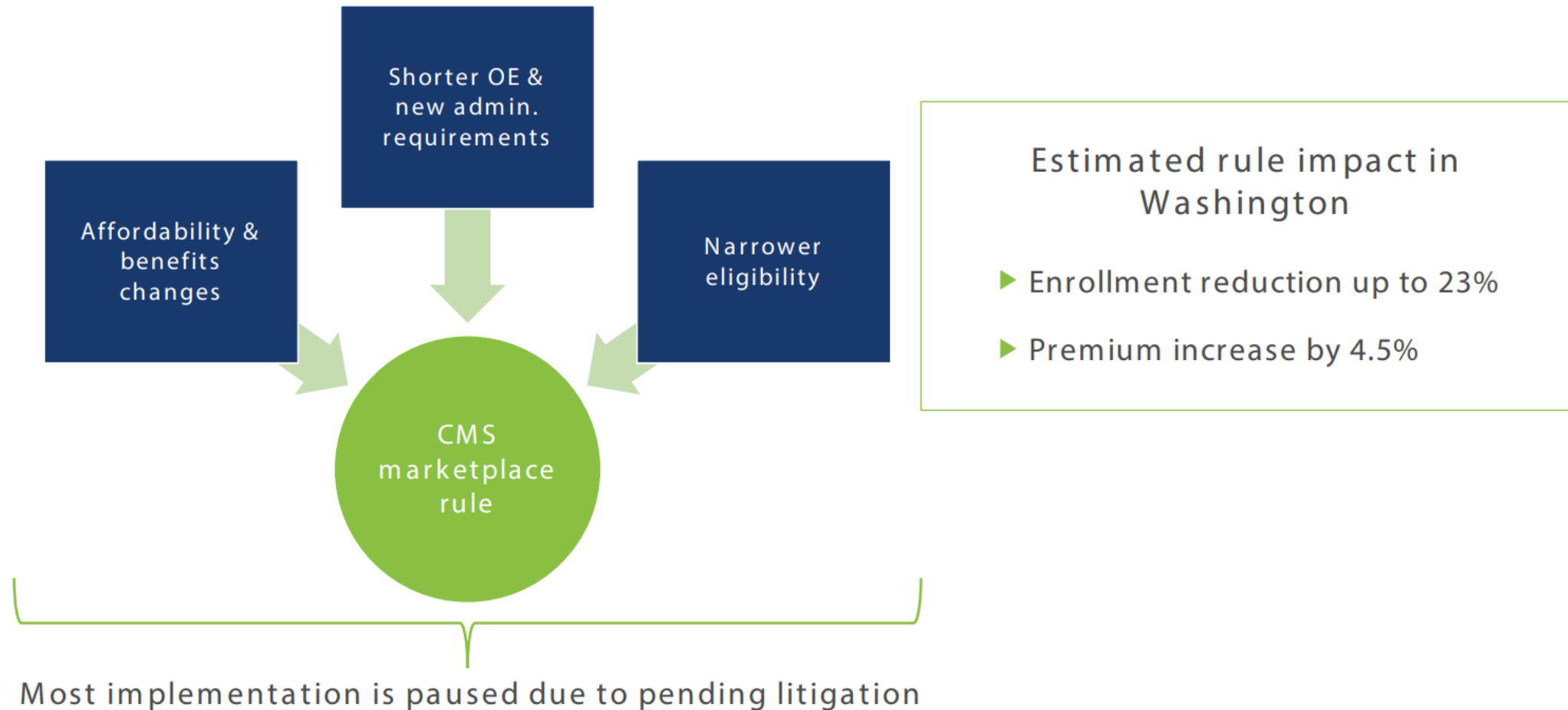
Health Benefit Exchange update: Federal changes to the Affordable Care Act



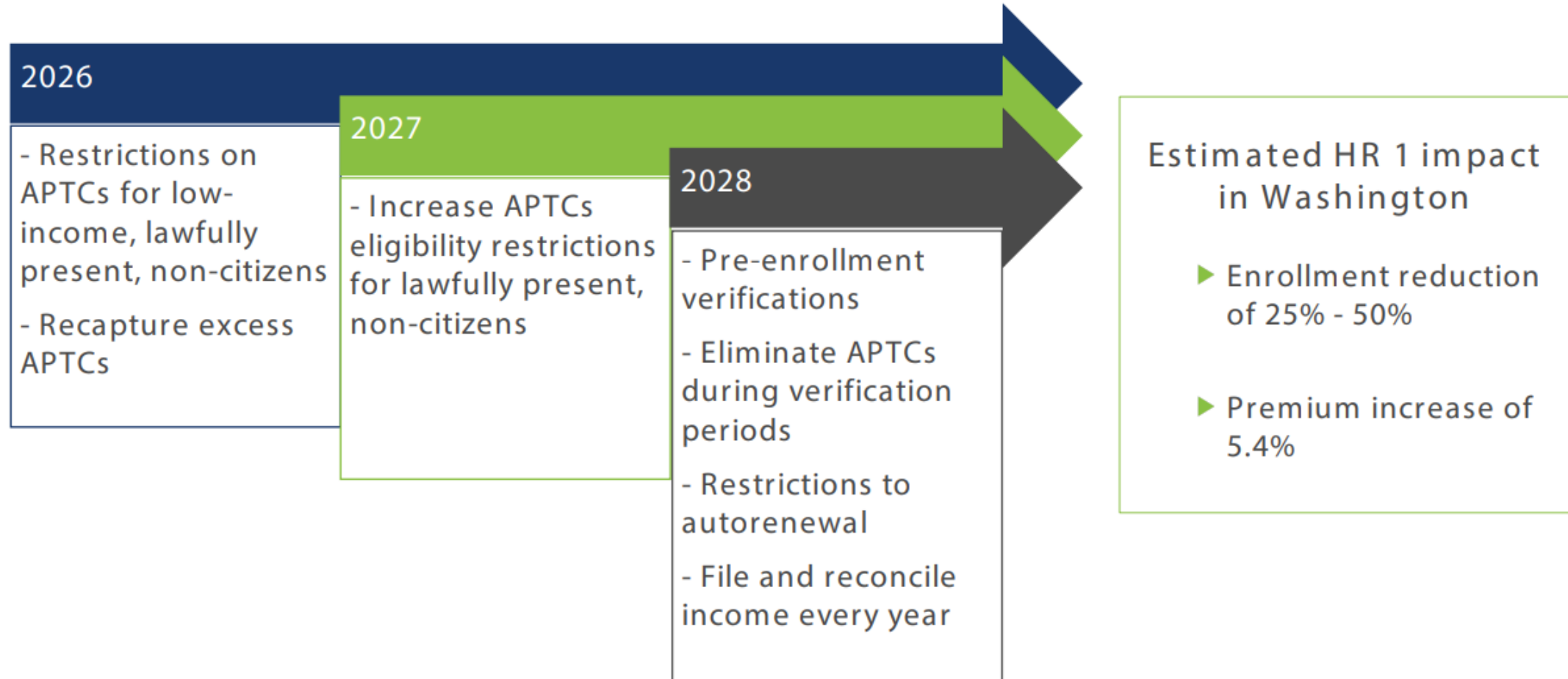
Estimated combined impact in Washington

- ▶ Enrollment reduction of 35% - 50%
- ▶ Premium increases of up to 15%
- ▶ Ripple effects across the health system including \$100M+ in uncompensated hospital care

Health Benefit Exchange update: Federal changes to CMS marketplace rule



Health Benefit Exchange update: Federal changes to ACA marketplace



Medicaid policies in the budget



Prohibit federal payments to family planning providers

Increase the frequency of eligibility redeterminations

Impose work requirements as a Medicaid-eligibility criteria

Restrict provider taxes and the use of state-directed payments

Require payment of cost-sharing

Remove good-faith waivers related to erroneous payments

Impacts of federal budget on Apple Health

- ▶ Congress passed a continuing resolution for the federal budget on July 3, 2025 – signed into law by President Trump on July 4.
- ▶ The budget contains numerous provisions that impact Apple Health (Medicaid) and the individual market.
- ▶ 200,000 – 320,000 Washingtonians are projected to lose Medicaid coverage.
- ▶ WA is projected to lose billions in federal funding between 2025-2034.
- ▶ HCA and state partners are still assessing the full scope of impacts to Apple Health but anticipate significant administrative changes and new state costs associated with implementation.

Impact of SDPs and provider taxes continued



Existing SDPs supporting hospital services, which include the Hospital Safety Net Assessment and payments to the University of Washington, will be reduced by over \$1.5 billion annually, once fully reduced.



Safety net
and rural
hospitals



Emergency
transport



Primary
care



Mental and
behavioral
health



Maternity
services and
birthing centers



Skilled
nursing
facilities



Home
health

Removing good-faith waivers related to erroneous payments continued



Nationwide PERM rates were 3.31% in 2024.

The Congressional Budget Office (CBO) estimates this provision will reduce federal investment in Medicaid programs by over \$7 billion over 10 years.

Rural health funding



- ▶ Allocates \$10 billion annually to states, from 2026 to 2030.
- ▶ Funding can be used by states to support rural health transformation projects, with a focus on promoting care, supporting providers, investing in technology, and assisting rural communities.
- ▶ States must apply in 2025 to participate.
 - ▶ Applications will be approved/denied by December 31, 2025.
 - ▶ Must include a rural health transformation plan.

Other provisions



- ▶ Changes Medicaid for refugee, asylee and other non-citizen adults, effective Oct. 1, 2026.
 - ▶ Revises the home equity limit for LTC eligibility, effective Jan. 1, 2028.
 - ▶ Shortens period of retroactive coverage eligibility from 3 months to 1 month for adults and 2 months for other Medicaid applicants, effective Jan. 1, 2027.
 - ▶ Changes address verification processes, effective Oct. 1, 2029.
 - ▶ Enacts significant limitations on enrollment windows and premium tax credits for individuals seeking individual market coverage.
-

Payer & Cost Impacts Panel

▶ Ken Gardner, Director of Growth & Administration, Health Benefits Trust

▶ **10 Concerns about how federal changes will impact SEIU**

1. Threatens caregiver livelihoods
2. Loss of working hours puts retirement & health benefits at risk
3. Fewer jobs; fewer works to meet the demands as people leave the field
4. Clients will suffer as services are delayed and reduced
5. Hospitals will feel the strain when home health breaks down
6. Immigrants will be disproportionately affected
7. Significant potential to impact care for people with disabilities
8. Vaccine policy will negatively impact everyone
9. Cuts to reproductive services will hurt clients and caregivers
10. Health care system will enter a downward spiral without caregiver stability

Payer & Cost Impacts Panel

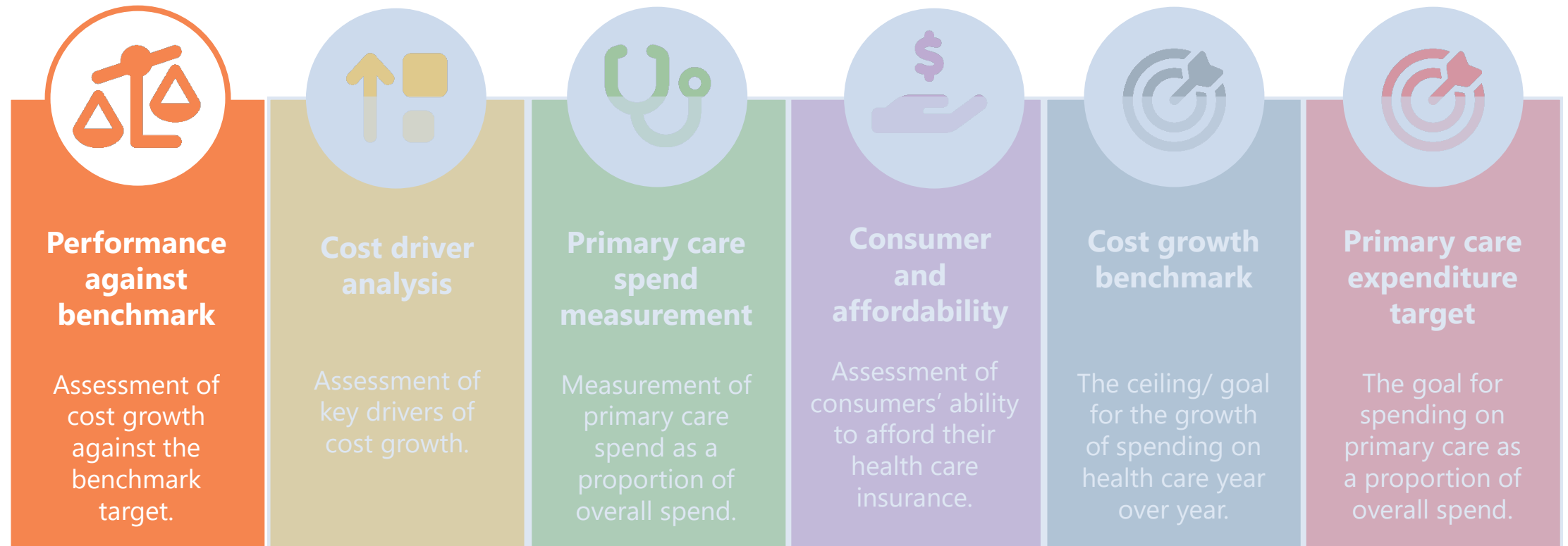
- ▶ Dr. David Bonauto, Research Director of the Safety and Health Assessment and Research for Prevention (SHARP) program
 - ▶ Federal changes to National Institute for Occupational Safety and Health (NIOSH) will eliminate federal grant funding for programs to train occupational medicine doctors, including a program in WA
 - ▶ This will exacerbate the existing shortage of occupational medicine providers that are crucial for assessing whether injuries are work related, preventing long term disability, and supporting return to work
 - ▶ Research indicates that about 50% of work-related injuries are not paid by workers' compensation. These costs are absorbed by health insurers.
 - ▶ Taken together, we expect these impacts to make care less affordable and worsen a workforce shortage for occupational medicine providers

Tab 5

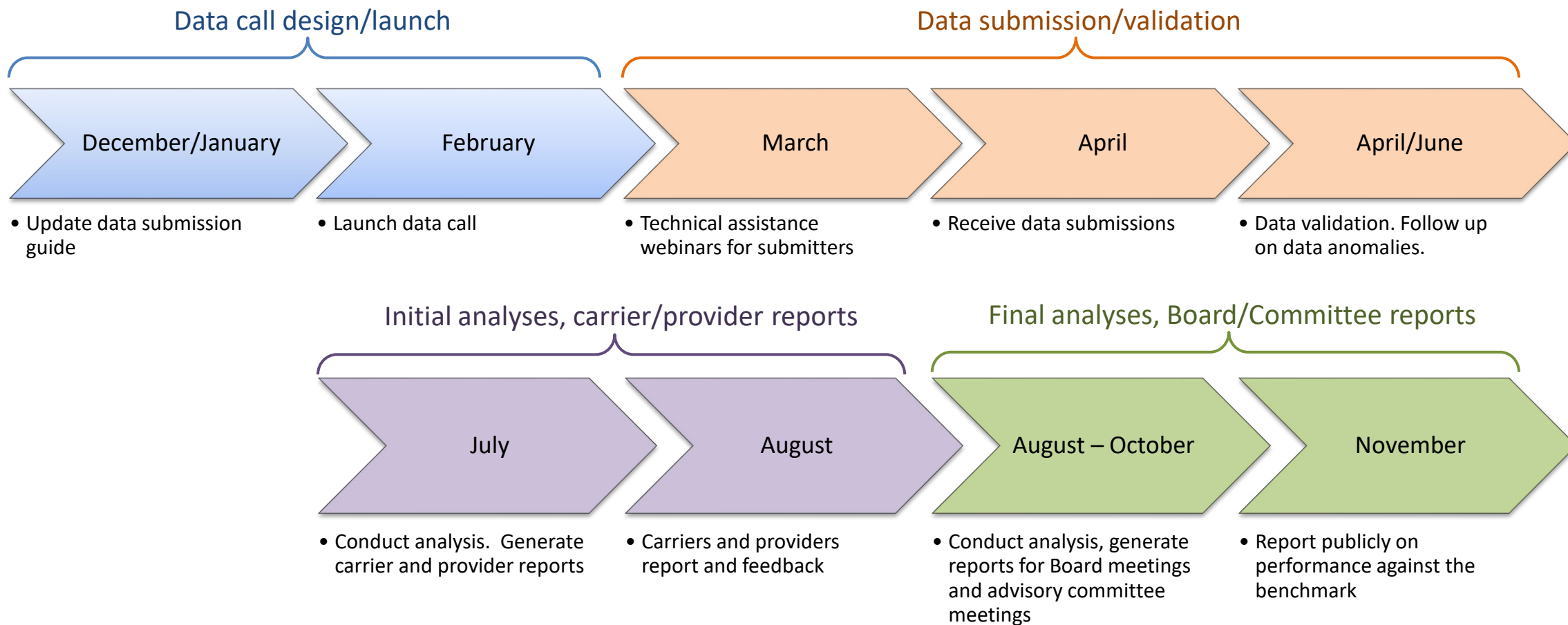
Health Care Cost Transparency Board's Data Call — Future Direction

09/25/2025

Cost Board data analysis and goals



Data Call timeline for 2025



Updated primary care definition: claims

- ▶ 2025 data call template was updated with the Advisory Committee on Primary Care's definition of primary care claims spending.*
 - ▶ Updated definition is critical to accurate evaluation of PC spend relative to 12% target
 - ▶ Changes included place of service codes, updated provider taxonomy, and updated procedure codes.



Locations (where)



Providers (by whom)



Services (what)

Upcoming data call changes

- ▶ New automated data collection tool
 - ▶ Implementation of automated data ingestion tool to support data technical validation
- ▶ New information collected
 - ▶ Non-claims based primary care expenditures

Updated primary care definition: non-claims

- ▶ Future data calls will include updates to technical manual to capture non-claims primary care spending including:
 - ▶ Capitation
 - ▶ Salaries
 - ▶ Incentives
 - ▶ Population health payments
 - ▶ Practice support payments

Future considerations

- ▶ Recalculate the Health Care Cost Growth Benchmark
 - ▶ Refresh with updated data
- ▶ Revisit attribution methodology used in the performance against the benchmark analysis
 - ▶ Purpose is to improve attribution of health care spending to inform policy discussions and options

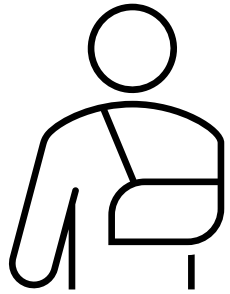
Washington's health care cost growth benchmark

- ▶ The annual rate-of-growth target for total health care spending in the state
 - ▶ 70/30 weighting of historic median wage growth and per capita potential gross state product (PGSP) growth

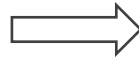
Calendar year	Benchmark value
2022	3.2%
2023	3.2%
2024	3.0%
2025	3.0%
2026	2.8%

Current attribution methodology

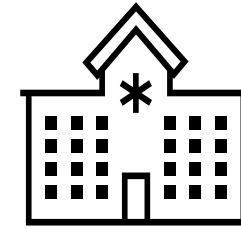
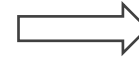
PCP based attribution



**Individual
members**



**Primary Care
Provider
(PCP)**



Large Provider Entity

PCP attribution is based on the following order:

- PCP selection by member (as required by plan)
- Contract arrangement between carrier and provider
- Utilization history

Questions?

- ▶ Do you have recommendations related to the current process?
- ▶ What ideas do you have related to attribution approaches?
- ▶ Do you have any comments on future changes?

Tab 6

Health care registry

- [RCW 43.70.904](#) – Passed in 2025
- Requires the Department of Health (DOH), in consultation with others, including HCA, to develop a plan and recommendations to the Legislature on how to create an interactive registry of the health care landscape in Washington
 - Intent is to understand the business structure and funding sources of health care entities operating in Washington
 - Covers licensed and unlicensed facilities, providers, provider groups, systems, carriers, and benefit managers
- Currently, workgroup is identifying facilities that are currently subject to reporting and what non-reporting facilities should be included

September 25, 2025

Statewide Health Resources Strategy

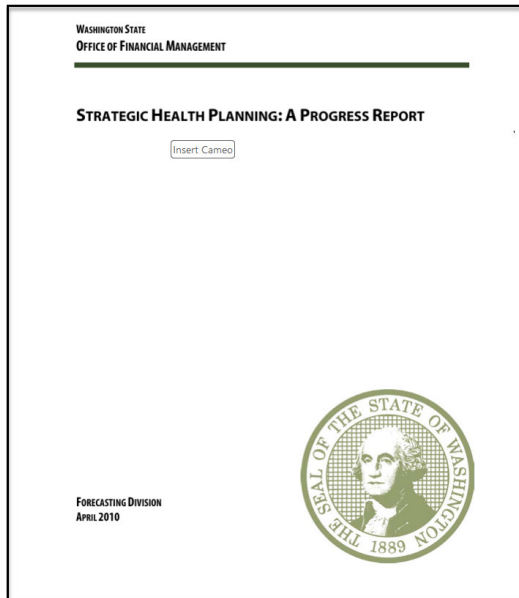
RCW 43.370

Mandy Stahre | Director
Health Care Research Center,
Forecasting and Research Division



Purpose

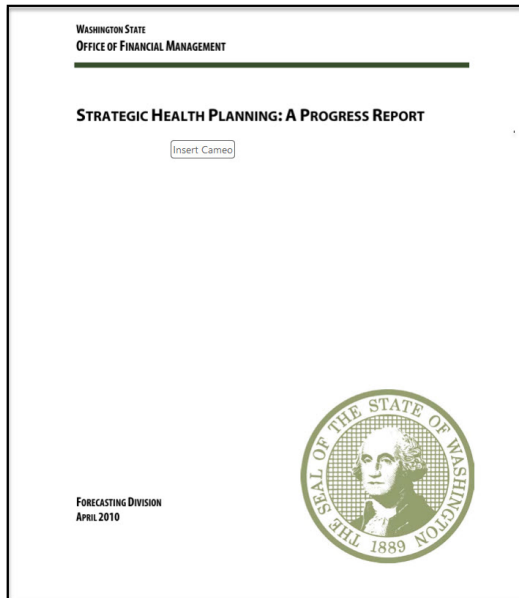
Law enacted in 2007



- Mandates OFM to develop a statewide health resources strategy to inform state health plan.
- Focus on health care facilities, services, quality of care, and cost of care.
- Contributes to Certificate of Need assessments.

Background on RCW 43.370

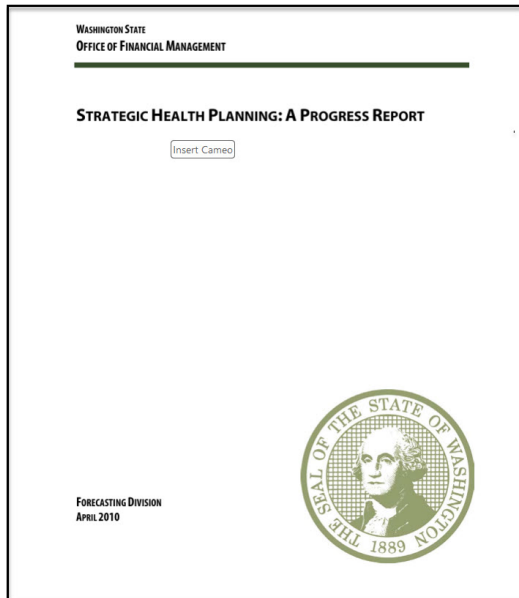
Law enacted in 2007



- OFM released first [State Health Plan](#) in 2010
- Identified major data gaps in meeting RCW requirements
- OFM has spent the last 15 years filling in those data gaps
- Partial update on hospital utilization released in 2022

Background on RCW 43.370

Data gaps identified



- **Census of active health care professionals** location of practice, # of employees, type of insurance accepted
- **Census of health care facilities** location, types of services, capacity
- **All-payer claims database** OFM began work in 2014 and began taking in claims in 2017
- **Comprehensive pop-based socio-economic and health database** similar to CA Health Interview Survey

Background on RCW 43.370

Filling in data gaps – census of health care professionals

- OFM developed methodology to estimate several types of health care professionals by geographic area
- Release reports periodically with FTE counts and demographics
- Survey in 2011 about hours and days of practice, number of locations, and patient services
- Additional research on workforce issues

Background on RCW 43.370

Filling in data gaps – census of health care facilities

- Washington State MONAHRQ website (AHRQ stopped supporting these websites)
- Research on distance traveled for primary care
- Geographic variations in hospitalizations
- Hospital mergers
- Hospital capacity
- Can glean some information from claims database

Background on RCW 43.370

Filling in data gaps – all payer health care claims database

- Launched in 2017, website launched in 2018
- [Wahealthcarecompare.com](https://www.wahealthcarecompare.com)
- Lacks self-insured claims and federal insurance
- OFM is a prolific user of the data in a variety of research projects and reports

Background on RCW 43.370

Filling in data gaps – comprehensive population health database

- 2012 Washington Health Care Consumer Survey – access and utilization of routine and emergency care
- Added questions to BRFSS about health care access and medical debt
- Lack database that is focused on access, utilization and barriers

Substitute Senate Bill 5568

Updates RCW 43.370

*New State Health Plan
due in 2027*

Updates include:

- Updated definitions of facilities
- Ensuring access to data at other state agencies
- Enshrining confidentiality and nondisclosure of the data
- Including principles of health equity in the new State Health Plan
- Holding two hearings – one related to the approach and one for the final report
- Include projections and policy recommendations through 2032
- Update the State Health Plan every 4 years

Principles guiding work

- Transparency
- Reproducibility
- Protect sensitive data
- Avoid duplication
- Leverage existing reports and data analysis
- Involve partners at varying levels of government, tribal, industry, advocates, researchers, and health care associations

Key objectives (RCW 43.370.030(3))

- Health system assessment
- Health care facilities and services plan
- Health care data resource plan
- Assessment of emerging trends in health care delivery and technology
- Rural health resource plan

*Certificate of Need references are dependent upon decisions by DOH around scope and function of the program

Current progress

- Technical Advisory Committee first meeting
- Drafting statewide data inventory tool
- Conducting a grey literature scan
- Setting up partnerships around topics
- Working on IRB application
- Exploring health equity frameworks

For more information

Contact:

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ofm.wa.gov or find us on
social media.



Thank you for joining us.