

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Lana Bostic
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	she/her
<b>Organization (if applicable):</b>	whole wahington
<b>Title or position (if applicable):</b>	volunteer
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	
<b>Email:</b>	lana.bostic@comcast.net
<b>Phone:</b>	253-332-7905

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |   |
|---|---|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):<br>whole washington |
| <input checked="" type="checkbox"/> Community member or advocate      | <input type="checkbox"/> Labor union  |
| <input checked="" type="checkbox"/> Community-based organization      | <input type="checkbox"/> Law  |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private   |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public  |
|   | <input type="checkbox"/> Provider: federally qualified health center                    |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
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- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☐ Health care financing<sup>2</sup>
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I want to have universal healthcare in Washington State

2. Please describe your relevant experience and how it would benefit FTAC.

I have volunteered for 2 years

3. Please describe any other experience serving on a committee, board, or workgroup.

I worked for 30 years at CHI as an RN and with Fransiscan Hospice as a team leader

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☒ Yes

☐ No

8. If yes, please explain.

my family would have healthcare if Universal Healthcare was available

9. Professional licenses held:

RN from 1989 to 2022

10. Memberships in professional, civic organizations, or government boards or commissions:

PCO for 30 th LD

11. Community service/volunteer activities:

PCO in 30th LD

Chair of Federal Way Senior Advisory Commission

Member of Democratic Party

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have worked with Whole Washington for 2 years collecting signatures on the ballot initiative and believe that healthcare is a human right and people should not be tied to their jobs to have Healthcare. I believe the current system is difficult to navigate and has many barriers for low income people and needs to be changed

14. Please describe why health equity is important to you.

I have always been able to have a job with Healthcare but my son has never been able to and this is not fair, also people should not have lost Healthcare during a pandemic when they lost their jobs

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The Health Trust that Whole Washington has should be able to help everyone

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a caucasian female who has lived in Washington for over 50 years

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

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As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/29/22

# Lana Bostic

## Contact

333 S 320<sup>th</sup> # F11 Federal Way  
WA, 98003  
253-332-7905  
Lana.bostic@comcast.net

## Education

Highline Community College

## Objective

I want to help get Universal Healthcare in Washington and learn about the process. This will help everyone in our State

## Experience

*1987 - 1989*  
AA in Nursing

*1989 -2019*  
RN with CHI Franciscan Health worked at ST Joseph Medical Center for 10 years on surgical and orthopedic floors and 20 years for Franciscan Hospice a PCC

I was a PCC working with a team of MDs Rns MSWs and CNAs

## Key Skills

Marketing  
Project Management  
Budget Planning  
Social Media  
Planning

## Key skills

I have worked with people in many cultures and situations, I have helps to find resources and assistance in the medical community

## Leadership

I am the Chair of the Federal Way Senior Advisory Commission

## Universal Health Care Commission

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### Contact information

Information requested	Your information
Name (first and last):	Lisa Carman
Preferred pronouns (e.g., she/her, he/his, they/their):	she/her
Organization (if applicable):	Genentech
Title or position (if applicable):	Medical Affairs Executive Director
Work address (if applicable):	501 SE Sycamore PL Issaquah, WA 98027
County of organization/employer (if applicable):	
Email:	lcarman@gene.com
Phone:	206-718-0007

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Academic/research                 | <input type="checkbox"/> Health care association (please describe):  |
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- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs

- ☒ Health care administration
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- ☒ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models

## Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am invested in the local Washington market and care about making sure patients have appropriate access to healthcare resources in this scarce environment.

2. Please describe your relevant experience and how it would benefit FTAC.

I have held positions at two of the major payers (Group Health, The Regence Group) as well as national - United Health. Also, led a large research team of HEOR generating RWE and positions in the pharmaceutical company (Genentech).

3. Please describe any other experience serving on a committee, board, or workgroup.

Extensive background on building and running Pharmacy & Therapeutic Committees making formulary + policy coverage decisions.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

In my time with Optum I ran a large P&L, large analytics team accountable to generating revenue. Extensive experience using data to drive decision making.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

WA pharmacist license.

10. Memberships in professional, civic organizations, or government boards or commissions:

Member in ISPOR

11. Community service/volunteer activities:

Volunteer for fundraising for various girls/youth sports in Issaquah.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

In my time @ Optum (United Health Group) we build databases to aggregate data to be able to conduct studies assessing health equity, predictors of gaps (A.I) to look at health disparities beyond indices and to assess patient engagement - proximity + regular access to PCP, etc.

14. Please describe why health equity is important to you.

We live/work in this country with many barriers to care and it is important to understand where the gaps exists and the reasons behind it. Covid data has highlighted that race etc has affected site of care and quality of care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing Washington system?

Building appropriate methodology to explore data looking at disparities w/in WA market. It is important to access/understand where the barriers exist: age, race, economic Rural/urban, gender, access to care etc.

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16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
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| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
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- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Date:

11/30/22

## Lisa Carman, PharmD

206-718-0007 [lcarman\\_lisa@yahoo.com](mailto:lcarman_lisa@yahoo.com) | 501 SE Sycamore Place, Issaquah WA

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### SUMMARY

Strategic leader of teams with proven track record and a unique blend of leading/creating teams, consulting expertise and deep experience in the health plan, pharmacy and biotechnology space. Uses deep understanding of healthcare system coupled with a strategic mindset to consistently exceed expectations and deliver results. Thinks in abstract terms, discerns opportunities and threats in the quickly evolving marketplace, responsibly allocates resources and persuasively communicates unique solutions.

### PROFESSIONAL EXPERIENCE

#### **Genentech, Inc.** (South San Francisco)

Nov 2022 to present

##### Medical Affairs Executive Director

- Lead Medical for the Seattle and Alaska Ecosystem across portfolio
- Coordinate medical engagements across payers, IDN's and other stakeholders

#### **Optum Life Sciences, Optum Insights** (Minneapolis, MN)

May 2020 to Oct 2022

##### Vice President, Health Economic Outcomes Research and Value Based Contracting

- Lead HEOR consulting and Value Based Contracting departments of principle consultants, researchers, pharmacists and analysts (>100 employees)
- Leadership responsibilities include setting the strategy, developing new products, and managing a large PNL and leading a team of health professionals to sell and deliver on key solutions for pharmaceutical clients, both internal at UHG and externally.
- Responsible for PNL of \$29M in sales, \$24M revenue, \$6M IOI
- Transforming the HEOR team including growing business, completed reorganization in 2021, hired 36 people in the last year and build/hire of offshore team.
- Works with over 40 pharmaceutical, device and molecular diagnostic companies and has robust relationships across the business.
- Life Science business owner for gene therapy including strategy, novel gene therapy data solution and adjudication of gene therapy value-based contracts across UHG enterprise
- Exceeded all growth and financial goals (140% to plan) for 2020
- Main stage presentation for PCMA Sept 2021 and Asembia presentation on gene therapy Oct 2021 and PCMA 2022 on VBC.

##### Vice President, Value Based Contracting

2018 to 2020

- Created and led the Value Based Contracting team
- Responsible for value based contracting development and strategy for Life Science Clients. Grew team expertise in modeling, payer strategy solutions and adjudication as a third party for other Value Based Agreements for provider organizations, ACO and Life Science Clients
- Built the team, created the PNL and significantly grew the business during my two-year tenure
- Team gave 11 podium presentations to large audiences as a subject matter expert at major industry conferences (ISPOR, AMCP, PMCA)
- Selected into the Optum Leadership Cohort, a select executive development program for high potential future senior leaders

#### **Genentech** (South San Francisco, CA)

2015 to 2018

##### Senior Managed Care Liaison, United States Medical Affairs

- Led the Genentech relationship at Optum Insights. Responsible for providing clinical expertise of Genentech medications and appropriate product access with the United Health Group book of business
- Led first value-based contract from concept to execution
- Nominated Partner of the Year 2017 for collaborative work with Account Management
- Nominated for Roche Morse Medical Conference 2018 for Innovative Project on Assessing IL NSCLC in response to UHC RWE ASCO publication

- Recognized as the USMA Outstanding Contributor for 2016

National Account Executive (NAE) & Senior NAE, Managed Care

2011 to 2015

- Responsible for all sales across UHG. Negotiated exclusive commercial growth hormone bid at UHC. Subsequently increased market share by 20% in four months through successful pull-through initiatives that involved close collaboration with UHC, Growth Hormone Leadership Team and Field Sales. Won brand sales collaboration award
- Successfully created and implemented first company brand over generic strategy
- Elevated Genentech relationship to a partnership through C-Suite engagements and collaboration
- Managed the Genentech relationship at OptumRx, including all contracting and PBM responsibilities. Secured preferred contracted position for all contracted products while reducing rebates by four million dollars annually
- Achieved Sales Excellence Award in 2013 (top 10% of account managers)

Regional Account Manager, Managed Care

2004 to 2011

- Managed regional territory sales, contracting and payer pull thru covering payers in WA/OR/ID, including Medicare and Medicaid
- Opened access to medical directors and high-level executives inside key health plans by creating an innovative solution that invited experts to collaborate in regional symposia
- Recognized multiple times for Peer Excellence, Collaboration, and Performance Excellence

**The Regence Group (Portland, OR)**

2002 - 2004

Manager, Clinical Pharmacy

- Led a team of pharmacist and pharmacy technicians to set formulary, employer strategies, manage prior authorization process
- Developed and implemented team strategies and tactics to launch product, including a Nation-wide after-hours physician learning program that was a key influencer in early physician adoption
- Maximized cost savings by \$10 million per year and increased rebate discounts to offset employer premiums by leading clinical direction and staff across four states and three million lives
- Reduced costs, improved rebates, simplified processes, and ensured consistent benefits across all businesses by successfully integrating four formularies into one formulary and establishing a new four state integrated Pharmacy and Therapeutics Committee
- Introduced Pharmacy Benefit to key employer groups through regular presentations to brokers by leading sales and marketing initiative, including completing pharmacy RFPs, for new employer business

**Regence BlueShield (Seattle, WA)**

2000 – 2002

Pharmacy Director

- Led prior authorization team (pharmacists and technicians), which made decisions on appropriate coverage
- Converted 2 million lives to a PBM with more than 500 pharmacy benefits by developing and mentoring four direct reports on a daily prior authorizations process that supported a new academic detailing program
- Chaired pharmacy/marketing committee to develop drug benefits and strengthen market presence with broker groups who sell 95% of pharmacy benefits

**Group Health Cooperative (Seattle, WA)**

1999 – 2000

Medication Use Management Pharmacist

- Increased the non-sedating antihistamine program to 99% market share of the preferred product by creating academic detailing program that influenced prescribing
- Developed and delivered quarterly continuing education programs for 150 clinical pharmacists.
- Launched online health page for members to manage medications

**EDUCATION**

- ASHP Residency Managed Care/Pharmacy Administration, Group Health Cooperative, WA
- Doctor of Pharmacy, Washington State University, WA
- Bachelor of Pharmacy, Washington State University, WA

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Information requested	Your information
<b>Name (first and last):</b>	Mircea "Michael" Bejenaru
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	
<b>Organization (if applicable):</b>	Providence Health
<b>Title or position (if applicable):</b>	Senior Clinic Manager/Residency&Outp FM
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	
<b>Email:</b>	mbejenaru@yahoo.com
<b>Phone:</b>	5033870694

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |  |  |
|--|--|
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- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
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## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As a WA state resident, with experience in FQHC and non-profit healthcare organizations, I look forward to support HCA in serving our communities better.

2. Please describe your relevant experience and how it would benefit FTAC.

My experience has been with FQHC in WA state and non-profit healthcare organizations serving the Pacific NW, collaborating with various organizations working with refugees/immigrant populations, integrating medical with BH services, inpatient with OB and outpatient services, improving direct patient service, reviewing clinical revenue for both FFS and Value based contracts and supporting education and development of physicians/providers and other various staff positions.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have engaged with various local or state committees or workgroups, in an effort to advocate for patients and support initiatives with a positive impact on healthcare delivery: Providence Leadership Medical Group Revenue, Political Advocacy during legislative sessions, member of Vancouver Chief of Police Diversity Committee, County Emergency Preparedness Coalition, YWCA, County Public Health, County, Primary Care Board, Eastern European Civic Alliance, ACE Adverse Childhood Experiences, WA Children's Alliance, WASH medical school speaker panel, WA state

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

During the MBA program I have focused on healthcare financial management using previous business experience, which has been very useful navigating the transition from FFS model to Value based model of healthcare delivery, and the integration of services supported by the CCO/ACOs amidst all the insurance plans changes at state and county levels.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

I was or still am a member of various civic or committees, and here are some examples and I can provide more specific info about my involvement wity any of them: Providence Leadership Medical Group Revenue, Political Advocacy during legislative sessions, member of Vancouver Chief of Police Diversity Committee, County Emergency Preparedness Coalition, YWCA, County Public Health, County, Primary Care Board, Eastern European Civic Alliance, ACE Adverse Childhood



11. Community service/volunteer activities:

Chief's Diversity Advisory Team  
Chief's Diversity Advisory Team with Vancouver Police Department, Medical Bills/Services Patient Advocate for immigrant communities, and Patient and Family Advisory Counsel.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.


13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a leader in healthcare organizations I have used my own lived experiences and patients' stories and feedback to improve delivery of care in the areas of patient access, quality of care, and affordability of services by removing obstacles created by discrimination, poverty, lack of quality education or housing/safe environments..

14. Please describe why health equity is important to you.

As a former recipient of services for uninsured/undercovered patients, and experiencing consequences of systems that failed or were inadequate in serving patients at risk or in need of care, I am glad to share my experience and take the time to further understand how to best serve all patients.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The opportunities lie in the development of appropriate universal healthcare coverage that serves patients well before they engage with medical services, and also during and after the interaction. Current process is developed by insurers and provider organizations with patients present at the end of the medical process. The universal approach would allow the HCA to represent better the interests of patients while designing the delivery of care with the other stakeholders. 

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Eastern european of romance/latin origin.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Mircea Bejenaru

Date:

11/28/2022

# Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: [mircea.bejenaru@providence.org](mailto:mircea.bejenaru@providence.org)

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Michael M. Bejenaru, MBA-HCA, I am a performance improvement professional with experience managing quality improvement processes and clinical operations in primary care, pediatrics, OBGYN and Behavioral Health clinics: clinical workflows, staffing ratios, clinical quality measures, implementation of Pay for Value system, implementation of PCMH model for Medicaid and Medicare patients.

I currently serve as senior clinic manager for Providence Southeast Family Medicine, a teaching clinic training MD and PsyD residents and medical school students.

Prior to joining Sea Mar Community Health Centers in 2013, I worked with Northwest Human Services of Salem, OR on development of a new approach for care coordination, "Health in the Neighborhood/Health Instigator", funded by Oregon Primary Care Association/Kaiser Permanente.

At Sea Mar CHC I lead and monitored quality and performance improvement initiatives for 10 clinical sites (medical, dental and behavioral health) with over 30,000 assigned patients, being a lead for setting up Centers of Excellence and training Quality Clinical Champions.

Directly managing medical operations for sites with up to 70 employees/12 medical providers, I've conducted comprehensive workflow and system analysis, becoming very knowledgeable in all details of medical operations.

## EDUCATION

**CAP/Workout Change Facilitator - 2018**

**PCMH – Developed training program / Trainer for clinical staff - 2016**

**Public Health - Clark County - Pediatric Emergency Readiness - 2016**

**FEMA - Healthcare Incident Command System (IS 700, 200, 100 & HICS) - 2014**

**CPHQ Healthcare Quality trainings - 2014**

**Executive MBA - Concordia University of Portland (May 2012)**

***Concentration in Health Care Administration (HCA):***

- Health Care Administration & Financial Management

- Quality Assessment & Improvement

**Bachelor of Science – Engineering University of Constanta, Romania - 2001**

**Peace Corps - Entrepreneurship Program for Eastern Europe 1997**

**World Vision International – Project Director (during college) 1997-1998**

- Organized for first time in Eastern Europe summer camps for children with HIV and AIDS.

**U.K. Crusaders – Leadership Know-How Training 1995-2001**

Junior Leader (during college)

- Organized camps and social programs for multicultural children and youth.

**LANGUAGES:** native Romanian

**HOBBIES:** Kayaking and Canoeing Instructor (3/5 stars by British Canoe Union), Rose Growing

Microsoft Office: advanced skillset with Word, Excel, Powerpoint, Publisher, Outlook

EHR/EMR - 5 years of experience with Epic/Allscripts Electronic Health Records and Patient Management

# Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: [mircea.bejenaru@providence.org](mailto:mircea.bejenaru@providence.org)

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## EXPERIENCE

### *Senior Clinic Manager*

06/2017 - Present - [Providence Health - PMG Southeast Family Medicine - Teaching Clinic](#)

- Serving as a clinic manager in a Portland teaching clinic training MD and PsyD residents, and medical school students.

### *Clinic Manager and County Leader for Quality Improvement*

02/2013 - 10/2016 - [Sea Mar Community Health Centers](#)

- Managed FQHC clinics (Primary Care, Pediatrics, OBGYN) in Clark County with an overall assigned population of over 31000 patients.
- Task lead for the care experience domain looking at patient satisfaction and patient health measures
- Led the development and analysis of patient health and experience surveys to examine patients' experience with care coordination and their health post treatment.
- Developed clinical workflows for primary care and pediatric settings to aid in the analysis and prediction of clinical coordination effect on the cost and quality of care.
- Selected process of care and clinical quality measure to be used in the evaluation.
- Implemented clinical quality measures systems (HEDIS and UDS Meaningful Use) based on data analysis from EMR systems, PDSA.
- Developed strategy for centers of excellence for clinical quality measures in the clinic.
- Developed reporting systems on various clinical quality measures, while engaging staff to promote exceptional care to our patients.
- Created data based support tools for HEDIS clinical quality program champions using clinical data and setting clear goals for providers – we were one of the very first clinics to receive NCQA Level 3 PCMH recognition.
- Assuring full compliance for our FQHC clinics with NCQA/PCMH standards, federal HRSA program requirements, as well Joint Commission.
- QI county leader – coordinating QI, Health & Safety, and maintenance reporting and processes for five medical clinics, two dental sites, and three behavioral health clinics in Clark County.
- Improved patient care by fully implementing in clinic newly centralized HIM / Medical Records system and point of care referral system
- Successfully integrated BH and medical services as part of the Early Adopter Model – the first county in WA State to do so.
- Trained and developed PCMH care coordinators including materials, patient engagement methods, and medical provider buy-in.
- Collaborated with Managed Care Plans, ACOs (accountable care organizations) on improving quality of patient care, while adhering to the new payment and care delivery model (Pay for Performance).
- Managed medical sites with up to 72 employees (primary care, pediatrics, OBGYN), under my leadership we have achieved:
  - One of the first clinics in the organization to gain Level 3 NCQA PCMH recognition (Patient Centered Medical Home).
  - Highest enrollment numbers for the Affordable Care Act out of all 27 medical clinics.
  - Reduced staff and providers turnover.

# Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: [mircea.bejenaru@providence.org](mailto:mircea.bejenaru@providence.org)

---

- Improved provider recruitment process and retention by attracting talented individuals, setting the right expectations, and developing a well-defined adjustment program.
- Implemented successfully new point of care processes for specialist referrals and medical records, cutting wait time from up to 6 months to 7 days or less and eliminating redundant clerical positions.
- Established and/or promoted programs according to provider's areas of interest:
  - With Washington State University – HIV and HepC programs.
  - With county public health department - TB and HIV tracking and referral programs and engagement events for health care and social agencies.
  - With WA state office of refugee resettlement - developed and grew the Refugee Program, created support materials for refugees, organized Cultural Sensitivity trainings for staff, added screening tools to existing process.
  - Collaborated with the Vancouver WSU dean in launching the WSU medical school
- Mentored and trained clerical and clinical supervisors and staff.
- Doubled revenue per square foot, increasing space utilization to 90% from 38%.
- Increased funding by writing proposals and applying for additional federal and local grants.
- Trained staff on EHR/EMR and Patient Management Systems
- **Awards:** Under my leadership, our team members received Community Champion awards from national organizations (Molina Healthcare and American Public Health Association).
- **Civic engagement** - organized civic events, meetings and participated in marches.
- **Political advocacy** - initiated contact and developed relationships with political leaders at their offices during legislative session, and on site visits at our medical and dental clinics.
- **WSU Medical School** – a community based program – collaborated with WSU leadership during incipient phases of program development.
- **QI county leader and Site Health and Safety Officer** overseeing: five medical clinics, two dental clinics, three behavioral clinics, (WIC and MSS clinics).
- Active with Emergency Preparedness Coalition, YWCA, County Public Health, County Primary Care Board, Eastern European Civic Alliance, ACE Adverse Childhood Experience, WA Children's Alliance, WSU medical school, etc.

## 'Health Instigator' program, Salem - OR

MBA Internship – *Health Care Administration*

- 2011-2012 **Northwest Human Services** - community healthcare organization in Salem, OR - Designed and developed a project for NWHS based on an Oregon Primary Care Association grant received through Kaiser Permanente to explore a potential three-year community health and wellness pilot program called "Health in the Hood" or "Health Instigator".

## Director of Operations:

2009-2012 **NWPDD Wireless - Retail Business Management**

- Day to day Operations (4 locations in Portland, over \$1.5 million annual revenue).
- Developed the growth strategy for the organization, developed HR systems, training materials, and marketing materials.
- Revenue Analysis, Customer Service, Supply Chain, Sales, Conflict Negotiation, HR Management, Retail Management, Accounting, Billing Auditing.

# Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: [mircea.bejenaru@providence.org](mailto:mircea.bejenaru@providence.org)

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- My focus was to provide excellent customer service and develop a business strategy that will drive sales, reduce employee turnover rate, and acquire young talents.
- In Top 3 for Customer Service in Oregon market.
- The Sales Volume was on par with all surrounding 5-6 years old Cricket Wireless franchises.
- Increased revenue to over \$1.5 million per year, with a gross profit margin of 1.5 times the industry average and 2013 projected annual revenue of over \$3 million.
- Created mechanisms to reduce the high turnover specific to retail industry – by implementing motivational and mentoring programs for team members while reducing monetary incentives.
- Created tools to increase value to existing customers and attract new customers.
- Focused on increasing net profit by cutting costs, creating an individual brand, and a differentiating strategy.

## **Project Coordinator/Manager:**

2008-2009 Christensen Shipyards LLC – Vancouver, WA

2003-2008 Pappageorge Haymes Ltd. - Chicago (S.B.R. & Associates)

2001-2003 Nuclear Power Plant, Europe

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Mike De Luca
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	he/him
<b>Organization (if applicable):</b>	Sound (www.sound.health)
<b>Title or position (if applicable):</b>	VP and CFO
<b>Work address (if applicable):</b>	6400 Southcenter Blvd, Tukwila WA 98188
<b>County of organization/employer (if applicable):</b>	King
<b>Email:</b>	mike.deluca@sound.health
<b>Phone:</b>	206-593-6956

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |  |  |
|--|--|
| <input type="checkbox"/> Academic/research                                       | <input type="checkbox"/> Health care association (please describe):  |
| <input type="checkbox"/> Community member or advocate                            |  |
| <input checked="" type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Labor union                                 |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law   |
| <input checked="" type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: private                              |
|  | <input type="checkbox"/> Payer: public                               |
|  | <input type="checkbox"/> Provider: federally qualified health center |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☒ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health

- ☒ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health

- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

This would be a wonderful opportunity to both learn and participate in supporting the development of health care financing methods and mechanisms that are both financially viable and that would truly provide universal access to health care and wellness maintenance. I would be very grateful to participate in developing, and informing the implementation of models that would allow everyone in WA state to enjoy great healthcare and optimal health.

2. Please describe your relevant experience and how it would benefit FTAC.

In my 21 years at Group Health (now Kaiser) I participated in developing models for health care cost and financing including the economic and financing model for Group Health's joint ACO with Providence in Spokane (CareUnity - launched in 2012).

In my 8 years of consulting on healthcare finance improvement after I left Group Health, I have had the opportunity to work with organizations on developing cost and

3. Please describe any other experience serving on a committee, board, or workgroup.

I currently serve as a community member on the finance committee of Neighborcare, an FQHC in the Seattle area.

I also serve on the King County ICN (integrated care network) Finance Workgroup.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have been an active member of the Healthcare Financial Management Association (HFMA) since 1999. I also have extensive background in Lean Thinking, which may be helpful in contributing to the design of a unified financing system.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

I hold the CHFP (certified healthcare financial profession) certification from HFMA (the Healthcare Financial Management Association). I am also a certified Lean Six Sigma Master Black Belt.

10. Memberships in professional, civic organizations, or government boards or commissions:

Member and fellow of HFMA.

11. Community service/volunteer activities:

I am currently a community member of the Neighborcare Finance Committee (since 2016). From 2013 to 2019 I served on the board of Symphony Tacoma, initially as Treasurer and ultimately as board president.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

In addition to the work I mentioned above with Accountable Communities of Health in Washington State, in my work with Sound I am involved in our development of a CCBHC. Sound was one of 7 recipients in WA State to receive a 4-year grant from SAMHSA to develop CCBHC (certified community behavioral health clinic capabilities. A central part of this work revolves around identifying underserved and unserved populations and developing and implementing access and clinical

14. Please describe why health equity is important to you.

Sound serves individuals that might otherwise be ignored or turned away from health care and services that they are critically in need of. This includes individuals living with severe mental illness who are not currently housed, as well as other populations who may not have access to the care they need and deserve for a multitude of reasons. Health equity is important to me because, in my opinion, a Washington State where all individuals have access to quality healthcare and

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

A unified health care financing system can help address health equity by more efficiently and effectively matching care needs with the right resources in the right place at the right time. An important opportunity to consider would be to determine how the financing system supports identifying individuals who are currently un-served and under-served and provides appropriate incentives and supports for them to get the care they need. Some other opportunities to consider would be

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Mike De Luca

Date:

Nov 29, 2022

# Mike De Luca

[www.linkedin.com/in/dmdeluca](http://www.linkedin.com/in/dmdeluca)

(206) 593-6956 • mike.deluca@sound.health

## FINANCE EXECUTIVE | LEAN ACCOUNTING LEADER

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### SELECTED PROFESSIONAL EXPERIENCE

**SOUND • Tukwila, WA** *Vice President and Chief Financial Officer*

**2022 – present**

Responsible for leadership in financial decision-making that improves company financial results; provides strategic financial input to senior management. Plays a key role in developing and implementing financial procedures to improve and maintain the financial health of the organization while keenly overseeing the overall accounting, financial, tax and audit functions.

**TORRE CONSULTING • Federal Way, WA** *Principal and owner*

**2014 – 2022**

Building on executive leadership experience in finance, founded and built consulting practice focused on driving better processes and outcomes in finance and accounting, as well as evolving strategy and advancing management and team capabilities to ensure corporate ability to achieve goals. Client engagements have resulted in improved financial and operational processes and outcomes in over 15 healthcare organizations, as well as organizations in insurance, manufacturing, construction, and state and local government.

**LEAN ENTERPRISE INSTITUTE • Boston, MA** *Lean accounting coach and faculty*

**2018 – 2022**

Teach and coach organizations in applying lean thinking to transform and advance the effectiveness of finance teams and outcomes of finance processes. Clients include GE, The Wonderful Company, and Turner Construction.

**THE OHIO STATE UNIVERSITY • Columbus, OH** *Lean accounting lecturer*

**2021 – 2022**

Develop and deliver lean finance and accounting curriculum as part of the Master of Business Operational Excellence (MBOE) program.

**GROUP HEALTH COOPERATIVE • Seattle, WA**

**1992 – 2013**

**Executive Director, Finance.** Promoted through management roles with increasing responsibility to lead department of 30 directors, managers and analysts across four locations in Seattle, Spokane and Bellingham. Responsible for budgeting, analysis to inform cost improvement and business decision making, financial performance reporting and business consultation on operating divisions with an excess of \$2 billion annual spend. Led lean transformation of department; improved overall productivity and outcomes while reducing expense through flattening of structure.

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## EDUCATION AND CREDENTIALS

**Master of Science in Finance, 4.0 GPA – 2009**

Seattle University

**Master of Arts in Russian and East European Studies, Departmental Honors – 1990**

Indiana University

**Bachelor of Arts in Russian Language, Literature and Linguistics, Magna cum Laude – 1988**

University of Rochester

**Fellow of the Healthcare Financial Management Association (HFMA) – since 2006**

HFMA ([www.hfma.org](http://www.hfma.org))

**Certified Healthcare Financial Professional (CHPF) – 2004**

HFMA ([www.hfma.org](http://www.hfma.org))

**Certified Lean Six Sigma Master Black Belt (LSSMBB) – 2017**

Management Strategy Institute ([www.msicertified.com](http://www.msicertified.com))

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## BOARD AND COMMITTEE SERVICE

**Neighborcare Health.** Finance Committee member (since 2016). Provide guidance and support governance of financial controls, policies, processes and outcomes. [www.neighborcare.org](http://www.neighborcare.org).

**Symphony Tacoma.** Board Member and Treasurer (2013 – 2019). Led analysis of balance sheet strength resulting in improved cash flow forecasting and a multi-year financial improvement strategy approved by the board. Developed risk-based budgeting process that increased ability to meet annual margin targets, resulting in concrete plans to meet or exceed budgeted margin target as well as monthly management process to check results against plan. [www.symphonytacoma.org](http://www.symphonytacoma.org).

**Healthcare Financial Management Association.** Washington/Alaska Chapter board member and committee chair (elected to three 2-year terms 1999 – 2005). Served as chair of Education and Physician Practice Committees. [www.waakhfma.org](http://www.waakhfma.org).

## SELECTED PUBLICATIONS

Practicing Lean Accounting (Nick Katko and Mike De Luca, Amazon, 2021)

How Lean Thinking Improves Financial Results While Avoiding Traditional Cost Cutting (LEI, Sep 2021)

Modeling ‘Respect for People’ in Accounting and Finance (LEI, Mar 2021)

What Finance Teams Can Learn from the Lean Practice of ‘Go See, Ask Why, Show Respect’ (LEI, Oct 2020)

Lean Financial Planning – How well does your budget serve its purpose? (LEI, Dec 2019)

How Lean Accounting Promotes Lean in the Organization (Journal of Cost Management, Jan/Feb 2018)

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

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Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Michael Vanderlinde
Preferred pronouns (e.g., she/her, he/his, they/their):	
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	mgv1951@outlook.com
Phone:	206.669.6372

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input checked="" type="checkbox"/> Health care association (please describe):<br>UWMedicine - 40years |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union   |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private  |
| <input checked="" type="checkbox"/> Finance                           | <input type="checkbox"/> Payer: public   |
|   | <input type="checkbox"/> Provider: federally qualified health center                                   |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health

- ☒ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☒ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☒ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☒ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health

- ☒ Health care administration
- ☐ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☒ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☒ Tax structures, including the impact of tax structures on equity
- ☒ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have work for over 30 years as a local and national public/universal health care advocate and financial analyst/commentor. I would appreciate the opportunity to contribute to making Universal Health Care a reality in our our state. FTAC seems an excellent fit for my knowledge and experience.

2. Please describe your relevant experience and how it would benefit FTAC.

During my thirty plus years of employment within the UW-Medicine, I have gained a broad background in health care reimbursement, operations and financial management. My prior and current leadership responsibilities include: Government Relations, Reimbursement/Pricing Management/Analysis, Revenue Cycle Management, Long Range Financial Planning; annual operations and capital budget development and monitoring; operations productivity improvement through team

3. Please describe any other experience serving on a committee, board, or workgroup.

Participation in Federal and State Healthcare Initiatives include: DOH-Washington State Trauma Emergency Services and Trauma Cost TAC, HCA/WSHA - Technical Advisory Sub-Committees, Medicaid Rebasing, PPS, CPE, APC/APG, 340B. Invited testimony before various Washington State Legislative Committees on healthcare financing issues. Member and invited speaker numerous national association - (AAMC, AHA, AEH/NAPH, NFTC, NASHP) Technical Advisory Committees on issues including safety net hospital role in national healthcare reform, review of

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have led the design and implementation of numeroue Medicaid Federal Supplemental Payment Programs (Trauma Fund, PSSP, PAP, CPE, OP DPP, etc.) that continue to yeild \$200m+/year in support of delivery of health care services to our State's low income population. I have been directly involved in the design and implementation of several Medicaid Waivers (e.g., MTP) and process improvement

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Professional - AAMC, AHA, AEH/NAPH, NFTC, NASHP, AHA

Recent Board and Committee Involvement:

Vice Chair and Planning Commissioner, City of Kenmore – 2007 to Present

King County Accountable Community of Health Finance Committee – 2019-2021

Economic Development Committee, City of Kenmore 2008, 2021

Board Member - Washington State Employees Credit Union 2021 to Present



11. Community service/volunteer activities:

Other Recent Board and Committee Involvement:

Vice Chair and Planning Commissioner, City of Kenmore – 2007 to Present

King County Accountable Community of Health Finance Committee – 2019-2021

Economic Development Committee, City of Kenmore 2008, 2021

Board Member - Washington State Employees Credit Union 2021 to Present

Board Member - QCASH 2021 to Present



12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Over the past 30+ years, I have worked to ensure the programs designed and implemented by UW Medicine recognize and address the impact of socioeconomic inequality on health status. This includes identifying and addressing cultural sensitivities that could influence access and effective delivery of health care treatment. The most recently implemented programs (MTP/MQIP) provide financial incentives to providers for achieving predetermined measures of improvement in health status across underserved populations. +

14. Please describe why health equity is important to you.

Health Equity is an integral and indivisible component of socioeconomic equity. As a society we cannot achieve optimal quality of life without ensuring everyone has access to high quality health care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

An equity based health care system would be designed to deliver care that improves health status across the entire population. Beyond physical health, an equity based health care system must also recognize the impact of the social, cultural and economic determinates of health. A unified health care financing system could address current shortfalls by incentivizing providers (systems of physical, mental and other supportive care) to deliver the full spectrum of interventions required to +

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

A mongrel of indeterminate origin...

Dutch/German/Irish/Scottish/Protestant/Catholic/Jewish/Who knows what else ... in short... an American!

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

M. Vanderlinde

Date:

11/12/2022

# **MICHAEL G. VANDERLINDE**

15213 61 PL NE Kenmore WA. 98028

Phone: 206.669.6372

EMAIL: mgv1951@outlook.com

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## **SUMMARY OF QUALIFICATIONS**

During my thirty years of employment within the UW-Medicine, I have gained a broad background in health care reimbursement, operations and financial management. My prior and current leadership responsibilities include: Government Relations, Reimbursement/Pricing Management/Analysis, Revenue Cycle Management, Long Range Financial Planning; annual operations and capital budget development and monitoring; operations productivity improvement through team based process redesign; development of clinical outcome measures and reporting systems; product line profitability reporting; and the development, implementation and management of multiple automated systems that collect and distribute information and analysis of operational and financial performance. In addition, I have successfully managed multiple mission critical projects that required consensus building across diverse and often contentious internal and external stakeholder groups.

## **PROFESSIONAL EXPERIENCE**

### **DIRECTOR OF GOVERNMENT FINANCIAL RELATIONS AND REIMBURSEMENT**

**8/99- Present** UW-Medicine (UW-Med):

The Director: provides leadership, communication and representation of UW-Med's positions and interests related to healthcare reimbursement and regulatory issues to various Federal and State governmental agencies as well as Washington State Hospital Association Committees and Task Forces. Represents UW-Medicine (Harborview, University, University Physicians, Airlift NW) in University Health System Consortium, National Association of Public Hospitals, Association of Academic Medical Centers, American Hospital Association and local and national government-relations efforts, process improvement programs and provides leadership in assimilation of this knowledge into UW-MED advocacy and process improvement initiatives. At state level, work with state agencies to develop and implement new payment programs.

Recent Activities: Governor's/Legislature's Joint Committee on Health Care Reform- Technical Advisory Committee, Washington State Insurance Commissioner's Health Care Reform Implementation Committee, Washington State Department of Health Trauma Fund Technical Advisory Committee, NAPH Finance Advisory Committee, AAMC Government Relations Group, AHA Health Care Reform Fellowship, Washington State Hospital Association Public Policy Advisory Group, UW Medicine Strategic Planning Oversight Committee, UW Medicine ACO Planning Committee and multiple CMMI grant proposals.

Work with internal and external stakeholders to develop consensus and support for new payment programs. Medicaid Supplemental Payment Programs I have developed and/or had significant input in development include Hospital and Physician Trauma, Hospital Graduate Medical Education, Physician UPL; Airlift Medicaid Supplemental Payment Program, Washington State Safety Net Assessment, Certified Public Expenditure, Professional Services Access Program, Section 1115 Demonstration Waivers.

Support UW-MED and WSHA advocacy and legislative efforts with financial analysis and management of communications with State agencies and national advocacy groups. Monitor and communicate changes in national and local government payment programs and provide operational and financial impact analysis to UW-MED management. Establish and provide leadership to cross department and organization project teams required to carryout these activities.

Communicate and provide financial impact analysis to UW-MED related to Federal, State and County budget proposals. Supervise Medicare Cost Report preparation, audits, reopening and appeals.

Proactive management, evaluation, and continuous improvement of UW-Medicine's Revenue Cycle processes; Clear and open communication of Revenue Cycle issues to stakeholders at all levels of the organization; initiation and management multiple system process improvement & revenue enhancement projects.

Established/Managed internal project management team responsible for operational process improvement and revenue enhance projects yielding more than \$15,000,000 in new revenue/cost savings over the past five years.

Participation in Federal and State Healthcare Initiatives include: Washington State Trauma Emergency Services and Trauma Committee, Trauma Cost/Payments Technical Advisory Sub-Committee, Medicaid PPS 5, 6, 7, 8 and other Technical Advisory Committees, Medicaid APC Technical Advisory Committee, Invited testimony before various Washington State Legislative Committees on healthcare financing issues. Invited member of numerous national association (AAMC, AHA, NAPH, NFTC) Technical Advisory Committees on issues including safety net hospital role in national healthcare reform, review of proposed CMS changes to Medicare and Medicaid program regulations and system design.

Appointments to key state government advisory committees include; Exchange, Low Income, Workforce development charged by Joint Governor/Legislature and the State Insurance Commissioner with policy development and implementation over Federal Health Care Reform in Washington State; Office of Insurance Commissioner – Health Policy Round Table; Washington Health Alliance - Public Policy Committee.

#### **ASSISTANT ADMINISTRATOR FINANCE**

**8/92-8/99**

University of Washington Academic Medical Center - UWMC

Responsible for revenue management and government relations functions. Provide system wide leadership (UWMC, Harborview Medical Center, Seattle Cancer Care Alliance, and University of Washington Physicians) in development, enhancement and monitoring of the revenue cycle. Provide on-going assessment of charge capture processes. Identify and implement process improvements. Conduct reviews of facility Charge Description Masters and Charge Documents for accuracy and completeness. Develop and maintain service-line pricing strategies. Develop and implement policies and procedures to ensure that charge capture and billing systems comply with government billing regulations as well as private payer contractual agreements. Develop impact analysis and lead system-wide Task Forces to ensure successful a response to changes in the payment environment. Established and maintained a cooperative/proactive relationship and represent UW-MED interests to Federal (CMS, HHS, DOD) and State Health Financing Agencies (HRSA, DOH, HCA, L&I). Serve on regional task forces charged with the development or revision of healthcare financing programs (WSHA/Medicaid PPS Rebasing Committee, State APG/APC Task Force). Participate in national work groups (UHC, AAMC, AHA, and HFMA) developing position papers on proposed changes in healthcare financing.

#### **ASSISTANT ADMINISTRATOR FINANCIAL PLANNING**

**10/87-8/92**

University of Washington Academic Medical Center - UWMC

Direct responsibilities included: financial planning, budgeting and capital asset management, Project lead for Consolidated Decision Support System (HBOC-Trendstar) acquisition and implementation. Develop and implement product-costing system. Manage provider contract negotiations and performance monitoring. Provide leadership and analytic support for clinical operations improvement efforts (care map development, CQI teams). Serve on system-wide operations and policy committees (Utilization Management, Managed Care Finance Committee, Long-Range Strategic Planning Committee), task forces (Coordinated Care, Sub-Acute Care,

etc.); provide leadership in business development efforts (Northwest Cardiac Service, Seattle Cancer Care Alliance). In the course of these duties, I made regular reports and presentations to the UWMC Board, the Board Finance Committee and other high-level management groups.

### **DIRECTOR FINANCIAL PLANNING & BUDGETS**

**9/84-10/87**

University of Washington Academic Medical Center - UWMC

Directly responsible for financial planning, budgeting and capital asset management, monitoring regulatory changes and projected financial impact, negotiation of contracts with commercial payers and government agencies, service pricing and rate structure. Additional duties included provided project management and analytic support for clinical operations improvement and Care Map development teams.

### **SENIOR FINANCIAL ANALYST**

**9/84 - 10/87**

University of Washington Academic Medical Center

In the course of progressive assignments at Harborview Medical Center's Laboratory Administration Office, Medical Centers' Corporate Finance Office and UWMC Finance Office, I prepared Medicare Cost Reports, developed volume, expense and revenue forecasts; negotiated and monitored performance of all payer contracts and presented reports to various boards and regulatory agencies. I, also, developed the AMC's first case mix monitoring system and served on the task force that developed and implemented the Hospitals' Decision and Research Support system (HDRS).

### **EDUCATION**

University of Oregon

BS - Accounting

BS - Finance

### **PROFESSIONAL AFFILIATIONS**

National Academy for State Healthcare Policy

America's Health Insurance Plans

Healthcare Finance Management Association

Healthcare Information Management Society

Project Manage Institute

America's Essential Hospitals/National Association of Public Hospitals (NAPH)

Association of American Medical Colleges (AAMC)

American Hospital Association (AHA)

University Healthcare Consortium (UHC)

### **OTHER PROFESSIONAL AND COMMUNITY SERVICE ACTIVITIES**

Vice Chair and Planning Commissioner, City of Kenmore – 2007 to Present

King County Accountable Community of Health Finance Committee – 2019-2021

Economic Development Committee, City of Kenmore 2008, 2021

Board Member - Washington State Employees Credit Union 2021 to Present

Invited Lecturer – UW School of Public Health 2020, 2021

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Nancy Connolly
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	she/her
<b>Organization (if applicable):</b>	University of Washington
<b>Title or position (if applicable):</b>	Clinical Assistant Professor of Medicine
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	King
<b>Email:</b>	nancycsc@gmail.com
<b>Phone:</b>	(206) 476-8704

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Academic/research                 | <input checked="" type="checkbox"/> Health care association (please describe):<br>King County Medical Association |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union  |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law  |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private   |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public  |
|   | <input checked="" type="checkbox"/> Provider: federally qualified health center                                   |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health

- ☒ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member or working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☒ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health

- ☐ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am a Primary Care doctor who has served in a wide variety of roles, including as Medical Director for the Virginia Mason Lynnwood clinic for 5 years (following 5 years in a predominantly clinical role) and my current role for UW serving those experiencing homelessness. I am very interested in how financing of health care influences the care that is provided. I have followed improvement work within the health system and been frustrated by the financial barriers to providing the best care, which is often the least expensive. I have attended Institute for Healthcare

2. Please describe your relevant experience and how it would benefit FTAC.

As stated, I have studied within the Virginia Mason Production System/Lean Management system and I have held a wide variety of clinical positions including working at a Ryan White Funded AIDS specialty clinic, a private practice and currently an academic setting. I have help primarily clinical roles as both a Primary Care Provider and a specialist and currently work serving those most marginalized in our state but with some of the highest mortality and high cost..

3. Please describe any other experience serving on a committee, board, or workgroup.

I have been a member of Doctors for America for many years. I currently serve on the board of the Seattle King County Coalition on Homelessness and I have recently been appointed Co-chair of the King County Medical Society Public Health Committee. I am also a member of the Universal Health Care Commission Primary Care sub-committee.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?  
not at this time

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

MD

10. Memberships in professional, civic organizations, or government boards or commissions:

Society of General Internal Medicine

King County Medical Society - Public Health Committee co-chair

Washington State Medical Association

American College of Physician

Universal Health Care Commission - Primary Care sub-committee member

11. Community service/volunteer activities:

Board Member of the Seattle King County Coalition on Homelessness

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have published, with collaborators on the topic of Gerrymandering as a Political Determinant of Health. I currently work exclusively with those people experiencing homelessness or have recently been homeless. I understand that the social determinants of health such as availability of safe housing, healthy nutrition and adequate time to nurture relationships are far more important than simply access to conventional medical care and that these are too often denied to huge, predominantly poor and disproportionately people of color, swaths of our neighbors. .

14. Please describe why health equity is important to you.

I trained as a physician and have devoted my life to helping people live the healthiest lives they can. It is too often financial barriers and institutional racism that denies people these opportunities. In whatever way I can, I will use my time and energy to reverse those barriers that stand in the way of members of my community living to their potential.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Stress is a contributor to virtually every disease. The more we can increase stability, safety and ready access to the needs of all members of our community, the healthier community we will have and the healthier individuals will be. To remove the stress and worry around access to care and services that people need, by providing assured financing for medical care and adequate, no cost preventive care, we can help our whole society to a healthier place.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

white

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Nancy Connolly

Date:

11/29/22

# Nancy Connolly, MD, MPH, FACP

## PERSONAL DATA

Place of birth: San Francisco, CA  
Contact info: 7006 43<sup>rd</sup> Ave., NE Seattle, WA. 98115  
[nancycon@uw.edu](mailto:nancycon@uw.edu)  
[nancycsc@gmail.com](mailto:nancycsc@gmail.com)  
drnancyconnolly.com  
(206) 476-8704 or (206) 641-0164

## EDUCATION

Franklin & Marshall College	1984 - 1986	
University of California, Santa Cruz	1988 - 1990	B.A. (1990)
Ross University School of Medicine	1993 - 1997	M.D. (1997)
U. of Pittsburgh, School of Public Health	2000 - 2004	M.P.H. (2004)

## POSTGRADUATE TRAINING

University of Illinois, Michael Reese Hospital	1997 - 1999	Medical House Officer
University of Pittsburgh, Shadyside Hospital	1999 - 2000	Medical House Officer
University of Pittsburgh, Presbyterian Hospital	2000 - 2001	Gen Int Med Fellow
University of Pittsburgh, Presbyterian Hospital	2001 - 2005	Inf Dis Fellow
Virginia Mason Medical Center	2012 - 2013	Lean System Leader
Center for Mind-Body Medicine	2017 - 2018	Professional Training
University of Arizona – Integrative Medicine	2017 - 2019	Integrative Medicine
Society of General Internal Medicine	2020 - 2021	Leadership in Health Policy Fellow

## FACULTY POSITIONS HELD

University of Pittsburgh, Division of Internal Medicine      2000-2001  
Clinical Instructor: During General Internal Medicine Fellowship, I supervised Internal Medicine residents and performed research on depression in primary care.

University of Pittsburgh, Division of Infectious Disease      2004 - 2005  
Clinical Instructor: Following completion of my Fellowship in Infectious Disease I served as Clinical Instructor of Medicine in the research track with a 80% research, 20% clinical balance. Clinical responsibilities including longitudinal primary care in a Ryan-White funded HIV specialty clinic.

University of Pittsburgh, Division of Infectious Disease	2005 - 2007
Clinical Assistant Professor: Clinical research on HIV autonomous Dendritic Cell vaccines. Worked on Study design and implementation, IRB approval, enrollment, treatment and follow-up of phase I vaccine studies. Provided continuity care for HIV infected patients through the Pittsburgh AIDS Center for Treatment Clinic.	
Virginia Mason Medical Center - Lynnwood	2008 - 2018
Clinician (2008 - 2018) Regional Medical Director (2013 - 2018). Working in a dyad relationship with a business partner, I supervised 8 physicians, 3 Nurse Practitioners and clinic support staff including nursing, medical assistants, laboratory and radiology staff as well as coordinating a variety of visiting specialists. We were responsible for budget, services and productivity serving about 13,000 patients.	
University of Washington, General Internal Medicine	2018 - present
Clinical Assistant Professor: Primary responsibilities include clinical care for people living in shelters, care of residents at permanent supported housing and clinical care at CHC clinic. We serve a population regardless of ability to pay. Additionally, addiction treatment services including buprenorphine maintenance is provided.	

## HONORS AND AWARDS

Distinguished Scholar Award for Outstanding Academic Achievement	1995
Ross University School of Medicine	
I Arthur Mirsky Award for Competence, Compassion and Curiosity	2000
University of Pittsburgh, Shadyside Hospital	

## BOARD CERTIFICATION/ELIGIBILITY

American Board of Internal Medicine		
Internal Medicine	BC	2000, 2011
American Board of Internal Medicine		
Infectious Disease	BE	2006
American Board of Internal Medicine		
American Academy of HIV Medicine	BE	2006
American Board of Physician Specialties		
Integrative Medicine	BE	2018
American Board of Preventive Medicine	BC	2021
Addiction Medicine		

## LICENSURE

State of Washington	2017	MD00048404	expires 6/12/2024
United States DEA	2008	BC6494679 and XC6494679	

## PROFESSIONAL ORGANIZATIONS

American College of Physicians, Fellow	2019 –present
Society of General Internal Medicine	2020 – present
IM4US - Integrative Medicine for the Underserved	2022 - present
King County Medical Society	2022 - present
Washington State Medical Society	2008 - present

## BIBLIOGRAPHY

### Publications in Refereed Journals

1. **Connolly N.**, Manders E., Riddler, SA. *Suction Assisted Lipectomy for Lipodystrophy*. AIDS Research & Human Retroviruses. 20(8):813-5, 2004 Aug. [original work]
2. **\*Connolly, N.**, Riddler, S., Rinaldo, C., *Pro-Inflammatory Cytokines in HIV Disease – A Review and Rationale for New Therapeutic Approaches*, AIDS Reviews. 2005; 7:169-181. [editorial]
3. Rosenbloom AJ, Ferris R, Sipe D, Riddler SA, **Connolly NC**, Abe K, Whiteside TL. *In Vitro And In Vivo Protein Sampling By Combined Microdialysis And Ultrafiltration*. J Immunol Method 2006; 309:55-68. [original work]
4. Hoji, A., **Connolly, N.**, Buchanan, WG., Rinaldo, CR., *CD27 and CD57 expression reveals atypical differentiation of HIV-1 Specific Memory CD8+ T cells*, Clinical and Vaccine Immunology, Jan 2006, 14(1): 74-80. [original work]
5. **\*Connolly, N.**, Colleton, B., Rinaldo, CR. *Treating HIV-1 infection with Dendritic Cells*. Current Opinions in Molecular Therapeutics, 2007 9(4), 353-363. [editorial]
6. **\*Connolly, N.**, Riddler, SA., Stanson, J., Gooding, W., Rinaldo, CRR., Ferrone, S., Whiteside, T., *Expression of antigen processing machinery (APM) components in monocyte-derived dendritic cells generated for therapeutic vaccines in HIV-1-infected subjects* AIDS, Aug 2007, 21(13) 1683-92. [original work]
7. **\*Connolly, N.**, Whiteside, TL., Wilson, C., Kondragunta, V., Rinaldo, CR., Riddler, SA., *Therapeutic Immunization of HIV-1-Infected Individuals with Mature, HIV-1 Peptide Loaded Dendritic Cells*. Clinical Vaccine Immunology, 2008 Feb;15(2):284-92. Epub 2007 Oct 17. [original work]
8. Quratulain Syed, MD, Stacie Schmidt, MD, Rhea E. Powell, MD, MPH, Tracey L. Henry, MD, MPH, MS, **Nancy Connolly, MD, MPH**, Jennifer B Cowart, MD, and Celeste Newby, MD, PhD, *Gerrymandering and Political Determinants of Health*. Population Health Management, Volume 00, Number 00, 2022 [original work]

### Poster Presentations

1. **Connolly, N.**, Rinaldo CR, Whiteside TL, Wilson CC, Kondragunta, V, Riddler SA  
*Dendritic Cell-HIV Peptide Therapeutic Vaccination Is Safe and Immunogenic in HIV-infected Subjects with Virologic Suppression*  
Poster Presentation: Conference on Retroviruses and Opportunistic Infections 2006, Denver, CO.
2. **Connolly, N.**, Rinaldo, C., Wilson, C., Whiteside, T., Richards, T., Riddler, S.,  
*Therapeutic Dendritic Cell Vaccination Augments HIV Specific Immunity.*  
Poster Presentation: AIDS Vaccine 2004, Lausanne, Switzerland.
3. **Connolly N.**, Riddler SA, Rinaldo CR, Wilson CC, Ferrone S, Whiteside TL.;  
*Pre-clinical Characterization of Peptide-Loaded, Autologous Dendritic Cells (DCs) as a Novel Therapy for HIV-1-infected Subjects Receiving Highly Active Antiretroviral Therapy (HAART)* Poster Presentation: XV International AIDS Conference, Bangkok, Thailand. 2004.
4. **Connolly N.**, Manders E., Riddler, SA. *Suction Assisted Lipectomy to Treat Morphologic Complications of HIV and HAART in 6 Patients*  
Poster Presentation: Infectious Disease Society of America Annual Meeting 2002
5. **Connolly N.**, Hanusa B., Rollman B., *Patient Satisfaction with their Primary Care Provider Predicts Recovery from Major Depression*  
Poster Presentation: Society of General Internal Medicine Annual Meeting 2001

### Invited Presentations

Nosocomial Infections	2000
UPMC Shadyside Hospital - Medical Residents Conference Series	
HIV in Women and Infants for Practitioners then Patients	2002
Polyclinic at Donetsk City Hospital #25, Donetsk, Ukraine Kramatorsk Central City Hospital, Kramtorsk, Ukraine	
Case Presentation: Lymphoma in the Setting of HIV Infection	2006
University of Pittsburgh - Infectious Disease Grand Rounds	
Dendritic Cell Based Therapeutic Vaccine for HIV	2007
University of Pittsburgh - Research in Progress	
Progressive Multifocal Leukencephalopathy	2007
University of Pittsburgh - Internal Medicine Grand Rounds	
Beyond Mere Medicine: The Biopsychosocial Approach to Persistent Pain	2017
Virginia Mason Addiction Conference	
Workshop: Chronic Pain: Reframing our Clinical Conversations	
Society of General Internal Medicine Annual Conference	2022

## **VOLUNTEER/SERVICE ACTIVITIES**

United States Peace Corps - Benin Worked on Guinea Worm eradication project with UNICEF	1990 - 1992
Institutional Review Board, University of Pittsburgh	2005 - 2007
Board of Directors - Northeast Seattle Together A virtual village with the goal of creating a community where neighbors support one another through the transitions of aging. Was present on the board during final planning stages, hiring of an Executive Director and enrollment of first members.	2011 - 2014
Virginia Mason Bioethics Committee	2017 - 2018
Board Member - Seattle King County Coalition on Homelessness	2021- present
Copello Fellow - Doctors for America Member and Representative to Healthcare as Human Right Washington Policy Committee. Tracks legislation (primarily state) and organizes advocacy from members.	2021 - present
Membership Chair - Society of General Internal Medicine NW Chapter	2022 - present
Candidate for Washington State Legislature Raised over \$148,627 predominantly from individual contributions, completed Emerge Candidate training and earned 15.8% (6,572) votes in 5 person primary	2022
Member of the Advisory Committee on Primary Care Advises the Washington State Health Care Cost Transparency Board - a board created by WA legislature and signed into law in 2020 with the goal of health care cost growth and increasing price transparency	2022- present

## **Interests**

Reading, Writing, Sailing, Hiking, Traveling, Cooking – with a special interest in fermentation  
A little bit of French language skill

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Pamela Ketzner
Preferred pronouns (e.g., she/her, he/his, they/their):	She/Her
Organization (if applicable):	Whole Washington Universal Healthcare
Title or position (if applicable):	Volunteer, Retired RN
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	pamk30@comcast.net
Phone:	253-312-2367

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):  |
| <input checked="" type="checkbox"/> Community member or advocate      | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private                              |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public                               |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member or working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing<sup>2</sup>
- ☐ Health economics
- ☒ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.


<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

After working as a nurse for 40 years I wanted to become involved in more community activities. Whole Washington Universal Healthcare fits my need. I worked in Hospice for 30 years. Saw inequalities in care and so many concerns about medical debt or how to pay for medications and treatments. Many people have health insurance, but it is often minimal payments with much need for individuals to pay for themselves. I would like to learn more and have input into the quality of healthcare as well as developing true preventative medicine. 

2. Please describe your relevant experience and how it would benefit FTAC.

RN for 40 years. 10 years inpatient care and the 30 years in Hospice. I was fortunate to complete my Master of Nursing Education and utilize this as an educator. During this time, I was writing policies and procedures, keeping updated on evidence-based medicine, contributing to computer updates and reaching out to form more important relationships within my community both at work and the city I live in.

3. Please describe any other experience serving on a committee, board, or workgroup.

For the last 5 years I have been part of the Tacoma Metro Parks Nature and Environment Advisory Board. Currently I am the secretary. This provides me with more community interaction, understanding finances to improve our parks and promoting how being outside in nature is definitely good for our body, mind and what gives us meaning to life.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I love learning, being an active member in my community and volunteering.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

Registered Nurse in the state of Washington.

10. Memberships in professional, civic organizations, or government boards or commissions:

Secretary of the Metro Parks NEAC ( Nature and Environment Advisory Committee)

Volunteer for Whole Washington Universal Healthcare

11. Community service/volunteer activities:

Metro Parks  
Whole Washington

Volunteered with OMLife Medical Clinic March 2021 to May 2022, giving Covid vaccines to many community members in Pierce County and King County

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a visiting Hospice nurse I was honored to care for people near the end of life. I saw people who were cared for by family members who had stopped working to provide this care. Teaching people about medications if English was a second language or they lacked education to read well. Learning from people I visited provided me with education about their family and their beliefs which are very important within healthcare. A team approach often worked best so people would

14. Please describe why health equity is important to you.

Everyone deserves the best care. No matter where a person lives, if they are unhoused, have mental health needs and addiction problems. Health care is a human right in my opinion. Respecting everyone is important. Care from birth for all is needed in our country. We must have equity in housing, food, education and health to live!

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

To remove copays, reduce the price of all medicines, provide outpatient care, rehabilitation for many health issues and to remove medical debt to all citizens. Health is the outcome not profits from being ill or injured.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White female

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Pamela Ketzner

Date:

November 29, 2022

3529 North Villard Street  
Tacoma, WA 98407

Phone 253-312-2367  
E-mail-  
pamk30@comcast.net

## Pam Ketzner RN, MN, CHPN

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Job	1979 – LPN	Adult/Med Surg, Rehab. St. Joseph Medical Center. Tacoma WA	
Qualifications	1983 – RN	Medical Adult Nursing	
	1986 - RN	Oncology Unit/ Adult	
	1990 to 2020 - RN	Adult, Franciscan Hospice & Palliative Care	
	2003 to 2020 retired	Franciscan Hospice & Palliative Care Educator	
Education	Kansas Area Vo Tech February 1979	Topeka, KS	LPN
	Tacoma Community College June 1984	Tacoma, WA	ADN
	University Of Washington June 2002	Tacoma, WA	BSN
	University Of Washington August 2004	Tacoma, WA	MN/Nursing Education
	Medical Informatics Class 2009	Online/San Francisco	Certificate from OHSU
Publications	2001 PSONS Quarterly, Vol. 24(2), Tough Talk: discussing the end of life, Sandi Johnson MSW, Pam Ketzner RN, panel member.		
	2002 PSONS Quarterly, Vol. 25(1), Should nurses wear a standard uniform to promote professionalism? Pam Ketzner RN, CHPN.		
	2002 PSONS Quarterly Vol. 25(3), Guest Editor for issue End of Life Care, Pam Ketzner RN, BSN, CHPN.		

Professional memberships	1986 to 2008	Oncology Nursing Society (ONS)
	1988-1990	Puget Sound Oncology Nursing Society (PSONS)
	1986	Board Member Secretary
	PSONS	Public Relations Committee Member
		Symposium Committee 1996,97,98
	Education Committee Chairperson	2000-2002 – Board Member.
	1990- 2020 Organization	National Hospice and Palliative Care Member & Washington State Hospice Palliative Care Org. - Member
	2002 to 2022	Hospice and Palliative Nurses Association
	2005-2007	HPNA Membership Committee Chairperson
	November 2007 to 2009	HPNA PROVISIONAL GROUP – TOTEM CHAPTER
Community activities	March 2009 to 2011	Totem Chapter of HPNA President
	August 2009	Vice President of Cornerstone Club FHS
	August 2010	President of Cornerstone Club FHS
	August 2011	Past President of Cornerstone Club FHS
	Community Health Fair - Volunteer- Parish Nursing	(Committee of St. Joseph Hospital)
	Speaker at Rotary Club # 8 Meeting At Tacoma Community College May 2002, Hospice Nursing, and as a previous graduate of TCC.	
	Speaker at TCC, Board of Community Colleges, spoke about Hospice Nursing in the Tacoma Community as well as being a graduate of TCC. July 2002	
	End of Life Panel Discussion" March 7, 1998 RN, Part of an interdisciplinary team of Hospice workers. Part of 16-hour two-day symposium	
	The tough Talk: Discussion at the End of Life" March 10, 2001 Seattle, PSONS sponsored symposium, part of two day symposium.	
	Clinical Faculty TCC Associate Degree Nursing Program, Students experiences Focus on End of Life Care, Feb-March, 2003	

Clinical Faculty TCC Associate Degree Nursing Program, Students experiences  
Focus on End-of-Life Care, hired for May-June, 2003

Faculty TCC Associate Degree Nursing Program, Class NURS 242 Nursing  
Focus V: End of Life Care 2Credits, hired for Spring 2004

Faculty TCC Associate Degree Nursing Program, Class NURS 242 Nursing  
Focus V: End of Life Care 2 Credits, hired for Spring 2007

TCC class for Current Trends in Nursing End of Life April 2009, 2010, 2011

TCC class presentation Life Span Psychology, Hospice Presentation 2013,2014,2015

Co-facilitator for SNF End of Life education Feb. 2015 to June 2015

Med-Surg residency twice yearly Hospice & Palliative Care presentation, 2010 to present

Harrison End of Life class to community, Kitsap

Certification	Certification for Hospice & Palliative Care Nurse CHPN Feb. 2002 & 2006 recertified November 2009 for 4 years. CHPN  2014 valid up to 2018.  Recertified up to 2023
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Volunteer experience	1986-1992 - American Cancer Society – I CAN COPE facilitator Pierce Unit  Long Term Cost of Cancer Therapy Subcommittee Symposium 4/3/87  1986 - American Cancer Society - worked with Dr. Gordon Klatt (founder of Relay for Life)  1987 - American Cancer Society - Pierce Unit Representative for a Tobacco Free Washington  2001 - American Cancer Society - Relay for Life participant  2002 – American Cancer Society - Relay for Life participant  2003 – American Cancer Society – Relay for Life participant  2005- Franciscan Hospice Volunteer for Relay for Life  2007-Franciscan Hospice & Palliative Care Volunteer for Relay for Life
-------------------------	--

2011 Represented HPNA at the Clinical Conference for Heart Failure Nurses in Seattle for 3 days. Oct.

2008 to 2017 Member of the Pierce College Nursing Advisory Committee

2017 to current 2022 Metro Parks Nature & Environment Advisory Council

2022- Secretary Metro Parks Nature& Environment Advisory Council

March 2021-May 2022 OMLife Health Clinic, Tacoma administering Covid vaccines to community members in Pierce and King County

#### Awards & Scholarships received

1986 St. Joseph Hospital Nurse of the Year Finalist

1987 St. Joseph Hospital Nurse of the Year Finalist

1987-1988 American Cancer Society Volunteer of the Year Pierce Unit

1989 St. Joseph Hospital Nurse of the Year

2000 St. Joseph Hospital School of Nursing Alumni Scholarship for BSN

2001 St. Joseph Hospital School of Nursing Alumni Scholarship for BSN

2002 Franciscan Foundation Education Fund/Lagerquist Scholarship for MN

2002 HPNA Certified Hospice Nurse of the Year

2003 Oncology Nursing Society Educational Scholarship for MN

2009 SJMC Employee Fund Scholarship Recipient/Lagerquist Award

#### Research

Effects of Massage on Pain Intensity, Analgesics and Quality of Life in patients with cancer pain. A pilot study of a randomized clinical trial conducted within hospice care delivery. Published in The Hospice Journal, Vol. 15 (3). As the patient care coordinator, informed consent discussed and patient signature. Principal Investigator, Diana Wilkie, PhD, RN, and Mark Rake-Marona, MBA, Director of Franciscan Hospice.

Presenting at 5<sup>th</sup> Clinical Team Conference on Hospice and Palliative Care. Las Vegas, March 23-25, 2004. The Case for Evidence Based Practice. Marjorie

Dobratz, DNSC, RN University of Washington, Tacoma. Pam Ketzner RN, BSN, Graduate Student UWT, Franciscan Health System, Franciscan Hospice.

Presentations      Washington State Hospice & Palliative Care Organization

Expanding Dimensions 2008 - September 22- 23, 2008

Break out Session: Hospice Documentation

UW EOL class with Stu Farber 2005-2011

Ongoing educational presentations at Franciscan Hospice through 2019

# Universal Health Care Commission

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**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Peggi Lewis Fu
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	She/her
<b>Organization (if applicable):</b>	Association of Washington Healthcare Plans
<b>Title or position (if applicable):</b>	Executive Director
<b>Work address (if applicable):</b>	111 21st Avenue SW, Olympia, WA 98501
<b>County of organization/employer (if applicable):</b>	
<b>Email:</b>	<a href="mailto:peggi.fu@wahealthcareplans.org">peggi.fu@wahealthcareplans.org</a>
<b>Phone:</b>	206-818-8731

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input checked="" type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate                 | Health insurance plans   |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Labor union   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: private  |
|   | <input type="checkbox"/> Payer: public   |
|   | <input type="checkbox"/> Provider: federally qualified health center           |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☐ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☒ Tax structures, including the impact of tax structures on equity
- ☒ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

The Association of Washington Healthcare Plans (AWHP) would like to appoint a member to serve on behalf of health insurance carriers in the State of Washington. Our member plans offer coverage through employers, unions, government programs, Medicare, Medicaid and the individual market and represent over 7 million lives covered.

2. Please describe your relevant experience and how it would benefit FTAC.

The AWHP representative will be a subject matter expert with an exceptional understanding of the actuarial and analytic components of healthcare financing, with a broad understanding of everything from health care administration, health care delivery systems, health IT/EMR's, health care benefits, costs, value-based payments, alternative payment methodologies, health equity/health disparities, to provider reimbursements.

3. Please describe any other experience serving on a committee, board, or workgroup.

To be determined.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

We look forward to working with all stakeholders in a collaborative nature to provide well thought out and through input on health care financing, and delivery models.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

To be determined

10. Memberships in professional, civic organizations, or government boards or commissions:

Membership in AWHP

11. Community service/volunteer activities:

To be determined

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Health insurance plans are committed to working with federal, state, and local governments, along with community organizations and other stakeholders to improve health equity so everyone in Washington has an equal opportunity to thrive and achieve their best health.

14. Please describe why health equity is important to you.

Everyone deserves affordable high-quality health coverage and care regardless of the individual qualities that make us who we are, like our race, gender, disability, or health status. Health insurance plans are working to improve health equity by addressing health care disparities; removing social barriers to good health; and promoting diversity, equity and inclusion.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

## Demographic information

---

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

To be determined

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input type="checkbox"/> White                                   |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Peggi Lewis Fu

Date:

11/30/2022

**Peggi Lewis Fu** joins AWHP as the Executive Director with over 18+ years of experience leading renowned nonprofit organizations. As an innovator driven by passion and mission excellence, Peggi has an extensive history involving the intricacies of cross-functional leadership, budget optimization, public policy, and nonprofit business development ranging from special events, people to fundraising. Even more, she enjoys leveraging that dynamism to not just exceed bottom-line objectives but do so all while propelling various industry and community initiatives forward.

Formerly, Peggi held several positions at the Population Health Alliance when the Affordable Care Act/national healthcare focuses were shifting from sickness and disease to one based on wellness and prevention. More recently, Peggi was the Executive Director for The Commercial Real Estate Development Association (*NAIOP Washington State*) beginning in 2014 – 1,000+ members who are involved with office, biotech, industrial, mixed use, retail, institutional and multifamily space throughout the Puget Sound. Here, Peggi established a permanent government affairs funding mechanism and organizational structure to advocate for the advancement of CRE development in Washington State.



**Peggi Fu**  
*Executive Director*

Association of Washington Healthcare  
Plans  
Peggi.Fu@wahealthcareplans.org  
360.524.3060

Alongside her leadership and bigger picture focus, other notable successes Peggi attained during this time include developing a Diversity, Equity & Inclusion strategic initiative and committee in 2017, creating ongoing sources of revenue during the pandemic as well as replenishing the financial reserves in under 8 months, and increasing/maintaining NAIOP membership growth of 34% to become the third largest US chapter with a membership retention rate of 91% in 2022. In addition, Peggi's dedications did not go unnoticed, as amid her executive duration, she received the Executive of the Year Award by NAIOP in 2018.

Academically, Peggi holds a BA in International Relations and Affairs (*Concentration in International Marketing*) along with a Minor in Business Administration from George Washington University. Originally from the Midwest, Peggi resides in North Seattle with her husband and three daughters.

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Pam MacEwan
Preferred pronouns (e.g., she/her, he/his, they/their):	She/her
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	pammacewan@gmail.com
Phone:	

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):  |
| <input checked="" type="checkbox"/> Community member or advocate      | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private                              |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public                               |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☒ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☒ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☒ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have been working for 30 years to repair or replace our broken health system. Much of my recent work has been centered around removing barriers and making health care accessible and affordable. I have also had the opportunity to work on systemic and universal solutions to our health care crisis. I would like to use both sets of experience to work with this group to resolve the dilemmas of financing and affordability of universal health care.

2. Please describe your relevant experience and how it would benefit FTAC.

I have led the state health benefit exchange for 10 years with eye to innovation in access, coverage, financing and affordability. I was fortunate to work with gubernatorial work groups and the Health Services Commission to design a state wide solution that would guarantee universal access along with a financing mechanism. Many of our problems have become more complex and health care has become much more expensive. However, the approach to problem solve for a

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on many state boards and commissions dedicated to improving the health system - the Washington Health Services Commission, the Governor's Blue Ribbon Commission, the Health Care Reform group led by the OIC, the Children's Health Coverage Initiative, the task force for Children with Special Health Care Needs, the Universal Health Care Task Force and Commission, the Health Care Cost Transparency Board, the Washington Health Alliance.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have a great deal of depth of experience but I would like HCA to know that I don't believe we have tried everything and I strongly believe there are good ideas and innovation yet to be explored. It is important to hear multiple points of view and to deeply understand the experiences of other states and impacts on vulnerable communities.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

See above

11. Community service/volunteer activities:

Board of Governors, The Evergreen State College

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

While universal access to health care is absolutely essential to community health it is only one piece of what creates health. Economic security and income equity are essential to health as well as food security and safe communities. We have only begun to understand the impact of racism on health, particularly maternal health. At the Exchange we worked with the Board to revise our view of community health and develop pathways to impact change or support others better positioned to remove barriers to health in vulnerable communities. +

14. Please describe why health equity is important to you.

Health equity is personal to me - I grew up in poverty and did not have access to health care until I was 30. I worked in health care settings where I saw first hand the impact of poverty combined with little or not access to health care. Income inequities have grown over time paving the way to increases in diabetes, substance abuse, and a behavioral health crisis. I have recently retired but feel strongly that the work I devoted my life to, is far from complete. I plan to continue to work on these +

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I need to learn much more about the work so far, but I believe there are opportunities in access and using federal dollars more effectively; more creative approaches to benefit design for vulnerable communities and individuals; more equitable financing; reduction or elimination of unaffordable consumer cost sharing; holding carriers and providers accountable for spending and results; different approaches to provider payments. +

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Pam MacEwan

Date:

November 7, 2022

Pam MacEwan  
6755 Sycamore Ave NW  
Seattle WA. 98117  
206-499-8290  
[pammacewan@gmail.com](mailto:pammacewan@gmail.com)  
LinkedIn - <https://www.linkedin.com/in/pam-macewan-1b415441/>

## RESUME

### Work Experience

#### **CEO - Washington Health Benefit Exchange. August 2012 to June 2022.**

- Appointed by Exchange Board in 2015 to develop and implement turnaround strategy for organization.
- Succeeded in stabilization of financial performance, improved reputation and relationships with legislators and carriers. Implemented significant customer focused IT improvements and innovation. St
- Created innovative and high performing work culture.
- Increased enrollment growth and improved Medicaid enrollment processes and service.
- Improved state partnerships and brought Exchange into state inter-agency leadership coalition to design and statewide IT improvements and improve access health care and social service programs.
- Launched first in the nation public option plan. Developed state subsidy program and health coverage pathway for undocumented Washingtonians.

Other roles - **Chief of Staff from 2012 to 2015** – drove implementation to stand up one of first state based health insurance exchange and Medicaid expansion, design and development in close collaboration with carriers and system integrator to meet tight deadlines and federal and state requirements. Worked closely with CMS and CCIIO teams, meeting regulatory and system requirements. One of few state exchanges to launch successfully on time.

**Executive Vice President for Public Affairs - Group Health Cooperative. 1995 to 2012.**

- Brought disparate operational and policy units together to develop unified approach to external relations and strategic government partnerships.
- Strategic and operational responsibility for internal and external communications, media and PR, publications, branding strategy, federal and state governmental relations.
- Led state and federal government relations and lobbying activities.
- Managed regulatory relationship with Office of the Insurance Commissioner, Medicare compliance, Medicaid compliance
- Brought Group Health to forefront of leading efforts to expand the Basic Health Plan, expand children's access to health, and impact state and national health reforms
- Developed government programs strategy for Medicaid and Medicare
- Led consumer governance and board operations – one of last consumer governed health systems in the country.

**Commissioner - Washington Health Services Commission. 1993 to 1995.**

Appointed by Governor to serve on a commission of five health care leaders to implement Health Service Act to reach goals of universal coverage, insurance reforms, sustainability on individual market, design of comprehensive health benefit package, anti-trust oversight, design and implementation of coverage for seasonal and part-time workers. The Health Service Act was repealed in 1995 with exception of the Basic Health Plan and individual market reforms.

**Associate Director - Washington Citizen Action. 1991 to 1993.** Led state-wide coalition to successfully pass comprehensive health reform legislation bringing labor, consumer, health provider, hospital and disease advocacy groups together.

**Regional Director - Service Employees International Union. 1980 to 1990.**

Organized first bargaining units for District 925 division of SEIU. Negotiated first bargaining agreements with University of Washington, KCTS, and the Association of University Physicians.

Other Roles with SEIU – Organizer and business agent, Local 76, Rhode Island – long term care facilities and community clinics. National organizing staff on campaigns in Connecticut and Massachusetts.

**Planned Parenthood Rhode Island. 1978- 1980. Counselor – Planned Parenthood**

### **Board Experience**

**Health Care Cost Transparency Board – 2021 – 22.** Board member, gubernatorial appointment. Purpose of board is to set growth benchmarks for Washington state health spending. Work is in early stages.

**Washington Health Alliance – 2016 – 2022.** Board member and served on executive committee in various roles. Participated in task force to resolve all-payer claim data base issues – work that has not yet resolved. WHA focus is to measure health care quality, provide actionable quality data to employers and other health care purchasers, educate consumers and the public about health spending, significant force in state of Washington that has successfully brought providers, payers, and insurers into effective working partnerships.

**Pacific Business Group on Health – 2021 – 2022.** Board member.

**NASHP – National Marketplace CEO Council.** Invited speaker at successive national meetings

**Universal Coverage Care Commission – Member 2021-22**

**Association of Washington Health Plans – 1997 – 2012.** Served as vice chair and chair. Helped lead organization through shut down and reopening of the individual market.

**Washington Hospital Association, Policy Committee – 1997-2012**

**Alliance for Education, Seattle,** Board member, served as Chair and Vice Chair, 2007 – 2012

**Awards/Recognition:**

Seattle Magazine – Names one of most influential people of 2021 – for health care leadership.

Invited to address Congressional Budget Office Health Advisory Commission on state innovation and the launch of the public option in Washington State- 2019

Testimony - Invited witness to address House Ways and Means on reaching universal health coverage - 2019

NASHP Award – Collaborative Leadership in Health Reform – 2019 – recognition public option – first in country, required collaboration of the Exchange, state agencies, and the Governor’s office.

## **Education**

BA – The Evergreen State College, Olympia, Washington

MA – Brown University, Teaching/History

MPA Course work – University of Washington

# Universal Health Care Commission

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Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Roger Collier
Preferred pronouns (e.g., she/her, he/his, they/their):	he/his
Organization (if applicable):	Retired
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	<a href="mailto:rcollier@rockisland.com">rcollier@rockisland.com</a>
Phone:	360-298-4222

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |  |  |
|--|--|
| <input type="checkbox"/> Academic/research                                       | <input type="checkbox"/> Health care association (please describe):  |
| <input type="checkbox"/> Community member or advocate                            |  |
| <input checked="" type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Labor union                                 |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law   |
| <input checked="" type="checkbox"/> Finance                                      | <input checked="" type="checkbox"/> Payer: private                   |
|  | <input checked="" type="checkbox"/> Payer: public                    |
|  | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health

- ☒ Provider/clinic: physical health
- ☒ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

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- ☐ Health care advocate<sup>1</sup>
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- ☒ Development or measurement of health-related metrics
- ☒ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health

- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

~ Financing has proved to be the critical issue and major stumbling block for other states' proposals for universal health care (Vermont, California, Colorado, New York) as well as for Washington's previous effort in 1992.

~ I believe I have a unique set of qualifications in health care costs and financing, health care operations (including IT), and in implementing innovative health care programs (including the Department of Defense's TRICARE, Washington Basic Health, and now Medicaid programs in Arizona and California).



2. Please describe your relevant experience and how it would benefit FTAC.

~ Please see the attached resume under the following headings: Government Health Care Policy; Health Care Costs and Financing; Government Health Care Systems; Government Contracting and Litigation Support; Private Sector Health Care Systems and Policy.

3. Please describe any other experience serving on a committee, board, or workgroup.

~ As a full-time consultant I made presentations on procurement and claims payment issues to Medicaid and other national conferences and co-chaired the Group Health Association of America workshop on provider payment and information systems.

~ Since retiring I have served as a medical clinic board member, president of a community club, president of a golf club, and managed a county commissioner's successful election campaign.



4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

~ I have reviewed in depth the proposed financing structures for the unsuccessful Vermont effort and the currently proposed Oregon universal health care plan. Washington differs from these two states in not having a state income tax, which adds to the complexity of the issues which will face the FTAC.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

N/A

9. Professional licenses held:

~ Certificate in Data Processing

~ Master of Business Administration

10. Memberships in professional, civic organizations, or government boards or commissions:

~ Association for Computing Machinery

~ Whatcom County Greenways Committee

~ Whatcom Alliance for Health Care Access HIE Task Force

11. Community service/volunteer activities:

~ President, Friends of the San Juans

~ President, Orcas Island Golf Club

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

~ Having grown up with the National Health Service in the UK, I am appalled by the system we have in the US which penalizes the poor, the disabled, and those who simply have difficulty dealing with bureaucratic rules and procedures.

14. Please describe why health equity is important to you.

~ See # 13

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

~ Many equity issues will appropriately be dealt with by the Commission itself, but the FTAC should at a minimum be concerned with:

- > overall affordability for individuals and families (especially low income)
- > fairness of any required individual contributions (for example, a flat premium might be considered inequitable because its burden is greater on the poor)



## Demographic information

---

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White Immigrant from UK

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Roger Collier

Date:

11/27/2022

## **ROGER COLLIER**

**SUMMARY:** I am a retired consultant with more than thirty years' experience in health care systems and policy and information technology. I have directed and performed numerous consulting projects for Federal, state, and local government agencies and for non-profit and commercial health insurers and HMOs, and have worked in the United States, Europe and South America.

### **PRIOR EMPLOYMENT:**

**Roger Collier & Associates** – 1993 to 2012. President.

**KPMG** – 1986-1993. Partner-in-Charge, Health Care Systems and Policy Group.

**Compass Consulting Group** – 1976-1986. Founder and CEO.

**EXPERIENCE—GOVERNMENT HEALTH CARE POLICY:** My consulting experience includes program policy design for Massachusetts' prototype Medicaid managed care program; development of benefits, reimbursement, and eligibility policies for the Arizona Health Care Cost Containment System; and design and development of reimbursement policies and procedures for hospitals and nursing homes for the States of Ohio and Hawaii. I assisted in the implementation of Washington State's Basic Health Plan and was project manager for Orange County, California's implementation of SCHIP, responsible for network development, policies and procedures, systems specifications, and provider contracting.

In addition, I was a co-author of an early health care reform bill in the State of Washington, wrote articles on health care reform for both Seattle daily newspapers, was quoted in articles in the New York Times, and discussed health care reform issues on a radio talk show program. I was a panelist for Washington State's Blue Ribbon Commission on Health Care Costs and Access, and served as Health Care Policy Consultant to a national health care reform organization.

**EXPERIENCE—HEALTH CARE COSTS AND FINANCING:** I conducted an actuarial review of the initial version of TRICARE, the military retiree and dependent health care program, I also was involved in the design of the risk corridor structure for TRICARE contract funding and the design and development of reimbursement policies and procedures for hospitals and nursing homes for the States of Ohio and Hawaii. Also, for several Medicaid agencies I evaluated the accuracy of multiple types of provider reimbursement.

**EXPERIENCE—GOVERNMENT HEALTH CARE SYSTEMS:** My experience includes systems specification projects for Medicaid agencies in Hawaii, Alaska, Washington, California, Ohio, Missouri, Florida, South Dakota, Georgia, Massachusetts, New Jersey, Arkansas, and Mississippi; management of a nationwide data requirements project for HCFA (predecessor

to CMS); implementation management of the initial Department of Defense TRICARE managed care system; and development and implementation of Medicaid managed care system requirements for the Orange County, California Medicaid agency (including serving for seven months as interim Chief Information Officer).

**EXPERIENCE—GOVERNMENT CONTRACTING AND LITIGATION SUPPORT:** My experience includes management of Medicaid and other government health care program and IT procurements in California, New Jersey, Massachusetts, Hawaii, Missouri, Arkansas, and other states. I conducted studies of procurement and contracting issues for the California Medicaid agency and the Department of Defense Medical Oversight Committee. I also served as an expert witness in various state hearings and before the GAO.

**EXPERIENCE—PRIVATE SECTOR HEALTH CARE SYSTEMS AND POLICY:** My experience includes participation and/or management of IT systems design projects for Blue Cross/Blue Shield Plans in Washington, Wisconsin, Vermont, Oregon, and Idaho, and management of several private sector fiscal agent proposal efforts. I directed the development of guidelines for the national Blue Cross/Blue Shield Association's model point-of-service HMO plan, and managed consulting projects for major HMOs including Kaiser and Group Health Cooperative.

**EDUCATION:** I received my Bachelor of Science degree in Mathematics from the University of London and my Master of Business Administration degree from Pacific Lutheran University.

**PROFESSIONAL ACTIVITIES:** I have made presentations on procurement and claims systems issues to Medicaid and other national conferences, and co-chaired the Group Health Association of America's workshop on claims processing and information systems. In addition, I have testified on government health care systems and policy issues before legislative committees in Colorado, Washington and Oregon.

**COMMUNITY ACTIVITIES:** Since my retirement from full-time consulting, I have served as a medical clinic board member, president of an environmental organization, president of a community club, president of a golf club, and managed a county commissioner's successful election campaign (defeating a three-term incumbent).

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

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**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

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Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Roger Gantz
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	(he/his)
<b>Organization (if applicable):</b>	Retired
<b>Title or position (if applicable):</b>	
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	
<b>Email:</b>	<a href="mailto:gantzrp@yahoo.com">gantzrp@yahoo.com</a>
<b>Phone:</b>	(360) 704-8887

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Academic/research                 | <input type="checkbox"/> Health care association (please describe):  |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private                              |
| <input checked="" type="checkbox"/> Finance                           | <input checked="" type="checkbox"/> Payer: public                    |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☒ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☒ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☒ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☒ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Worked for 30-years expanding health care for low-income residents, including: sustaining Medically Indigent, Medical Care Services and Basic Health programs; and, implementing the Medicaid Breast & Cervical Cancer, Healthcare for Workers with Disabled and CHIP programs. As agency staff, participated in the 1991-93 Washington Health Care Commission's work. As consultant, assisted tribes in accessing ACA coverage. FTAC membership is a direct extension of this work

2. Please describe your relevant experience and how it would benefit FTAC.

As Medicaid policy director and reimbursement manager, have extensive experience with: Medicaid, CHIP and state health programs' financing; design and implementation of reimbursement systems; caseload and fiscal forecasting. Work with federal government to apply and implementation 1932 and 1115 demonstration waivers. Knowledge and experience with American Indian health care systems.

3. Please describe any other experience serving on a committee, board, or workgroup.

- Project leader in implementation of CHIP and Medicaid expansion programs.
- Medicaid staff member to the Governor's Health Policy Committee and Priorities of Government (POG).
- Medicaid agency's staff member on the Caseload Forecast Council for medical services.
- Member of Thurston-Mason Mental Health & Chemical Dependency Advisory Board

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

- Three-years in Volunteers in Service to America (VISTA) working in Northeast Kansas with African American community and three federally recognized American Indian tribes located in Northeast Kansas. (1969-1971)
- Volunteer member of the Thurston-Mason Mental Health & Chemical Dependency Board. (1979-81)

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

- 30-year work to expand healthcare coverage for low- and moderate-income persons through the implementation of Medicaid Breast & Cervical Cancer and Healthcare for Working Disabled and CHIP and Children's Health programs.
- 4-years consulting work with the American Indian Health Commissions to assist Washington's 29 tribes implement ACA tribal provisions with the Health Benefits Exchange and Office of the Insurance Commissioner.

14. Please describe why health equity is important to you.

Having spent my entire career working for social justice and equality, with emphasis on access to affordable, high-quality healthcare for all persons. More importantly, healthcare and correlated good personal health is a cornerstone for persons to have a productive and meaningful life.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Based on KFF 2021 estimates, Washington ranked 21st in uninsured rate (6.5%). Some 490,000 residents were uninsured, 35% were in households below 200% FPL., 36% were Hispanic, 7% were Asian, 5% were black. A unified financing system will make a major impact in health coverage by making it affordable and easier to access. Coverage based on residency, not citizenship, will have a significant impact.

## Demographic information

---

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I was born and raised in the Southern California suburbs. My family of origin is European Caucasian.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

*Roger Gantz*

Date:

11/30/22

## Roger Gantz

1324 Rose Street Northeast, Olympia, Washington 98506

Cell Phone: 360-704-8887

E-Mail: [gantzrp@yahoo.com](mailto:gantzrp@yahoo.com)

### Related Expertise

Extensive experience in the design, implementation and administration of Washington's Medicaid, Children's Health Insurance Program (CHIP), Medicaid Breast & Cervical Cancer program, Healthcare for Workers with Disabilities, and other low-income health programs. Detailed knowledge of Medicaid eligibility, benefit design and delivery system requirements, reimbursement, and federal funding options. Design and implementation of Medicaid reimbursement systems and financing systems to leverage federal funding to sustain state low-income health programs. Project lead to redesign Medicaid programs, benefit designs and service delivery systems. Assisted with the design and implementation of legislative requirements to reduce the growth in health care costs while retaining and improving health care for Washington's low-income residents. Work with the Washington State legislature and government agencies to enact legislation that expanded health coverage for low-income children and persons with disabilities.

Knowledge and experience with the federal Patient Protection and Affordable Care Act (ACA), including 2014 Medicaid expansion, Medicaid grant options, and the Health Insurance Exchange. Knowledge and experience with federal 1115 reform waivers. Coordinated agency review of ACA with specific emphasis on Medicaid expansion and coordination between Medicaid and the Exchange for low-income persons. Participated on Health Care Authority advisory group to identify key policy issues to implement Washington's Health Insurance Exchange. Obtained 1115 waiver to secure federal funding that sustained the Basic Health and Medicare Care Service programs until implementation of Medicaid expansion in 2014.

Experience and knowledge working with Washington's American Indian/Alaska Native (AI/AN) populations and 29 federal recognized tribes through work with the American Indian Health Commission for Washington State (AIHC). Supervised and assisted Medicaid agency's tribal liaison in expanding reimbursement for tribal clinics and maximum federal matching funding. In consulting capacity, assisted AIHC to obtain federal ACA grant funding to implement tribal assister program and state statutory provisions the tribal clinics are ACA essential providers.

## **Work Experience**

### **Senior Research Manager – October 2015 – June 2022**

#### **Research & Data Analysis Division**

#### **Department of Social and Health Services**

- Research activities include providing policy and analytic support to the Health Care Authority (HCA) in the design and implementation of the Foundational Community Supports program (FCS), which provides supported employment and supportive housing to Medicaid clients with needs and risk factors. This includes ensuring the ProviderOne payment system has the capacity to support FCS, development of management reports and program requirement such as network adequacy requirements.
- Research activities included providing policy and analytic support to HCA's SIM Modal 2B project to assess service delivery and payment reforms to sustain small rural hospitals and their community clinics. The project focused on small public critical access hospitals (CAHs) with nursing home swing beds

### **Consultant, Senior Policy Analyst - January 2012 through May 2015**

#### **American Indian Health Commission for Washington State**

#### **Sequim, Washington**

- Provided policy analysis and recommendations and technical assistance to AIHC, which is a 501(c) organization representing Washington's 29 federally recognized tribes on health policy. Work included assisting AIHC in identifying its needs for Tribal participation and engagement in Washington State Benefits Exchange (Affordable Care Act market) design and development.
- Assisted the AIHC Executive Director, AIHC Executive Committee and AIHC staff to complete certain Washington Health Benefits Exchange's (WHBE) Level 2 Establishment Grant deliverables. This included: (a) Work with Tribal leaders, Officer of Insurance Commission (OIC) and WHBE to establish a State of Washington Qualified Health Plan (QHP) Indian Health Care Provider Addendum, and to have new network adequacy rules require QHP issuers to offer network provider contracts to all Indian Health Care Providers in their service areas; (c) Work with Tribal Leaders and OIC to amend existing network adequacy rules to require issuers to reimburse Indian Health Care Providers for services rendered to American Indians/Alaska Natives (AI/AN) even when the provider does not have a network contract; and, (d) Work with the Health Care Authority (HCA) and Centers for Medicare & Medicaid Services (CMS) to have Medicaid Classic eligibility standards adopt the MAGI AI/AN Income Exemption rules.

**Consultant – September 2012 through July 2013**  
**Washington Health Care Authority – Olympia Washington**  
**Oregon Health Authority – Salem Oregon**

- Provided technical assistance and serve as project lead on the design of a Medicaid reimbursable program that would allow Oregon Health Authority (OHA) to reimburse Tribal programs for certain Medicaid optional services not covered under their State Medicaid Plan (SPA) or its 1115 waiver. Assisted OHA in developing meetings with Tribal representatives, developing a concept paper to amend Oregon's existing waiver, and negotiating with the Centers for Medicare and Medicaid Services (CMS) to obtain an approved waiver amendment for the payment program. Project was originally a joint effort with HCA.

**Medicaid Policy Director – June 1993 through July 2012,**  
**Department of Social and Health Services' Medical Assistance Administration & Health Care Authority**  
**Olympia, Washington**

- Supervised legislative activities including agency request legislation. Worked with State legislature, Office of Financial Management and Governor's Policy Office to enact expanded coverage for low-income children and persons with disabilities, including: Children's Health Insurance Program (CHIP); Children Health Program (CHP) for non-citizen children; Medicaid coverage for women with breast and cervical cancer; Healthcare for Workers with Disabilities; redesign of Medical Care Services for General Assistance and Disability Lifeline programs. Assisted with developing the agency's budget request, negotiating with Legislators and their staff on the agency budget, and assisted with its implementation.
- Obtained demonstration waiver using ACA provisions to obtain federal Medicaid funding to finance the state Basic Health and Medicaid Care Services programs until 2014 when the ACA Medicaid expansion will cover persons served by these programs. Coordinated the agency's ACA review to identify critical requirements for the 2014 Medicaid expansion. Provided technical assistance to the federal government to identify the Governor's Health Innovation's for Washington proposal, intended to support Washington's ACA implementation. Worked with Legislators and staff on SB 5596 legislation that provides direction to Executive Branch on waiver to revise Medicaid health programs for the ACA expansion.
- Supervised and assisted the Medicaid tribal liaison in working with Washington's 29 federal recognized tribes and two urban health clinics. Work including implementation of IHS encounter payment system for medical and behavioral health services, and obtaining enhanced federal matching fundings for services provided directly by tribal clinics.

- Participated as policy lead on the Cased Forecast Council's medical services caseload forecast. Participated on the Governor's Policy Office's state agency Health Care Committee. Lead agency staff for Medicaid on the Governor's Priorities of Government (POG) health care committee.
- Assisted with the design of a new Medicaid reimbursement system for Federally Qualified Health Care Centers (FQHC) and Rural Health Clinics (RHC).
- On temporary assignment, assisted with implementation of HEDIS measures to evaluate managed care organization contractors. In coordinated with Health Care Authority developed a MCO provider data base used to help applicants select a plan and measure network adequacy.
- Served as project lead or group participant to design medical programs to meet federal and state requirements including Alien Emergency Medical (AEM) for non-citizens, Medicaid health benefit redesign, and administrative match programs. Co-chaired agency and stakeholder activities to implement Apple Health for Kids to provide affordable health coverage for all Washington's children. Provided technical assistance to agency and legislative staff on Medicaid laws and rules dealing with program eligibility, benefit design requirements and reimbursement. Provided technical assistance to Congressional staff and Governor's D.C. office on Washington's Medicaid program and worked with National Governor Association (NGA) on Medicaid reform efforts. Worked with Congressional staff to obtain legislation for funding health care for low-income children, including Bingaman and Cantwell amendment to finance Medicaid program. Agency representative on Governor's Priorities of Government (POG) for health care which included developing priorities list used by the three agencies health services and Governor to develop agency budgets.
- Participated in reimbursement redesign initiatives, including federally recognized clinic (FQHC/RHC) programs. Supervised administration's involvement with Washington's 29 federally recognized tribes, including: expansion of Medicaid services and reimbursement provided by tribal programs; licensing and certification requirements for tribal programs serving Medicaid clients; and discussions with tribes on new behavioral health system for American Indians covered by Medicaid and standard Medicaid benefit design for tribal programs.

#### **Cost Containment & Planning Manager and Reimbursement Program Manager – 1985-1993**

##### **Medical Assistance Administration**

##### **Department of Social and Health Services**

##### **Olympia, Washington**

- As reimbursement manager, supervising ten reimbursement staff. Responsible for supervising the design and implementation of outpatient hospital payment systems, physician payment systems, prescription drugs and durable medical equipment (DME).

- Project manager for the design and implementation of a new Diagnosis Related Group (DRG) based inpatient hospital reimbursement system and hospital selective contracting initiative.
- Designed and implemented first generation Medicaid disproportion share hospital (DSH) payment programs. In addition to providing enhanced payments for hospitals serving a disproportionate share of low-income patients, other DSH programs were implemented to sustain the state's Medically Indigent and Medical Care Services programs, and to support rural hospitals
- As cost containment manager, supervised four staff and all legislative activities including obtaining request legislation and budget proposals.
- Designed and implemented first generation administrative match funding to support public health and school districts. Coordinated the design of Medicaid funding for school districts serving educationally handicapped children.
- Provided technical assistance to agency's program on Medicaid laws and rules dealing with program eligibility, benefit design requirements and reimbursement.

**Residential Program Manager – 1984-85**  
**Division of Developmental Disabilities**  
**Department of Social and Health Services**  
**Olympia, Washington**

- Participated in the design of new residential support systems for persons with developmental disabilities, including program requirements, staff monitoring guidelines and reimbursement systems.

**Reimbursement Manager - 1981-84**  
**Division of Developmental Disabilities**  
**Department of Social and Health Services**  
**Olympia, Washington**

- Served as division chief fiscal officer and supervised five reimbursement staff.
- Designed and implemented reimbursement systems for residential support systems for persons with developmental disabilities, including small group homes and tenant support housing.
- Assisted with the design and implementation of initial Medicaid home and community-based services waiver for persons with developmental disabilities.
- Coordinate the development of biennial budget and work with State Office of Financial Management and legislature for passage and implementation of biennial budget.

**Deputy Program Manager – 1979-81**  
**Office of Nursing Home Affairs**  
**Department of Social and Health Services**  
**Olympia, Washington**

- Assisted with the design and implementation of new Medicaid cost-based nursing home reimbursement system
- Develop desk-audit process for setting rates, appeal process, assessment of prior system and cost analysis of new system attributes.

**Senior Researcher – 1977-79**  
**Office of Research & Analysis**  
**Department of Social and Health Services**  
**Olympia, Washington**

- Two year HEW funded research project on the impact of deinstitutionalization of persons in Washington's state psychiatric hospitals and schools for individuals with developmental disabilities.
- Designed survey instruments and managed data collection, co-authored two reports.

**Agency Planner & VISTA Project Manager – 1970-72**  
**Northeast Kansas Community Action Agency**  
**Atchison, Kansas**

- Supervised 9 member VISTA projects in five counties, focused on public health for three Northeast Kansas Indian reservations and housing renovation in minority communities and reservations.
- Worked with low-income community groups to strengthen involvement in local government improve housing and education.
- Developed agency multi-year strategic plan with extensive stakeholder and local government involvement.

## Education

Economics, BA  
Business Finance Minor  
California State University at Long Beach, 1964-69

Urban Planning, MUP  
University of Michigan, 1972-75  
Analytic methods and economics

Urban & Regional Planning, PhD Program  
University of Michigan, 1972-77  
Completed course work in analytic methods, economics, and program evaluation.

## Volunteer Experience

Volunteers in Services to America (VISTA)  
Northeast Kansas Community Action Agency  
Atchison, Kansas, 1969-70

Thurston-Mason Mental Health & Chemical Dependency Advisory Board  
Olympia, Washington, 1979-81

Health Care for All – Washington  
Seattle, Washington, 2022

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Robert Murray
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	he/his
<b>Organization (if applicable):</b>	Global Health Payment LLC
<b>Title or position (if applicable):</b>	President
<b>Work address (if applicable):</b>	13440 Arnold Drive Glen Ellen CA 95442
<b>County of organization/employer (if applicable):</b>	US
<b>Email:</b>	RMurray@GlobalHealthPayment.com
<b>Phone:</b>	443 909 9191

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Academic/research                 | <input type="checkbox"/> Health care association (please describe):  |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private                   |
| <input checked="" type="checkbox"/> Finance                           | <input type="checkbox"/> Payer: public                               |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☒ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☒ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have long worked in the healthcare industry in various capacities. I have followed the reform work being conducted in Washington and communicated/assisted staff of the HCA in recent the years in my role working for Gerry Anderson of Johns Hopkins University providing technical assistance regarding health care pricing issues to states. I would find this experience very interesting and think I could be of some help.

2. Please describe your relevant experience and how it would benefit FTAC.

My experience working in the health sector is as follows: a) 5 years as consultant for a finance consulting/accounting firm assisting hospitals with financial studies/analysis; b) 17 years as deputy director and executive director of Maryland's hospital rate setting commission (the HSCRC); c) 11 years as a health services researcher and private consultant assisting states develop payment models to control rising health care prices. My experience in each of these sectors might benefit

3. Please describe any other experience serving on a committee, board, or workgroup.

I was a member of Maryland's high risk insurance pool board for a number of years and I have organized and conducted many work groups when I was executive director of the HSCRC. Over the years I have participated on many domestic and international technical advisory committees for entities like the Catalyst for Payment Reform, India's National Health Authority, the World Bank and others.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

Based primarily on my experience at the HSCRC, I have written extensively about hospital rate setting systems and various payment models, such as hospital global budgets (which we implemented in Maryland while I was executive director) and price caps on out-of-network provider prices. I have consulted with government in Oregon, Rhode Island, Vermont and Tennessee designing healthcare payment models

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☐ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☐ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Board member the Maryland Health Insurance Plan - a high risk pool to provide affordable insurance for individuals with pre-existing conditions from 2001-2011.  
Executive Director of the Health Services Cost Review Commission (HSCRC) from 1994-2011.

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☐ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have read many articles on issues pertaining to health equity and social determinants of care. Maintaining or improving pricing equity in the Maryland hospital system was a major policy goal of the HSCRC and thus we developed a pricing system in Maryland which is the most equitable in the U.S. I have also designed pay-for-performance models with adjustments to incentivize hospitals to improve their quality of care, while adjusting for patient/social factors that influence performance.

14. Please describe why health equity is important to you.

The U.S. healthcare system is one of the least equitable systems in the world. This is true in virtually every key aspect of the healthcare system in this country. Starting with the huge disparities in prices paid by different parties, the huge variation in access to care and affordability of care in various regions and the huge variations in the quality of care and patient outcomes within and across regions. Such inequities constitute a huge problem in the US, second only to the issue of affordability of care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

There are many types of unified health care financing systems. The Maryland hospital rate setting system was one such example. Using the Maryland system as an example it shows that laws and regulations can be enacted to dramatically improve the equity of our healthcare system in terms of improved pricing equity, improved/more equitable access to care and improved and more equitable quality.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White/Caucasian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Robert B Murray

Date:

11-29-2022

**Robert B. Murray, MA, MBA**  
President, Global Health Payment, LLC  
1723 West Joppa Road, Towson MD  
**EDUCATION**

**Phone: 443 909 9191**  
[RMurray@GlobalHealthPayment.com](mailto:RMurray@GlobalHealthPayment.com)  
[Murray.Robert@UCHastings.edu](mailto:Murray.Robert@UCHastings.edu)

STANFORD UNIVERSITY  
B.A. Economics, M.A. Economics 1979

STANFORD BUSINESS SCHOOL  
Master of Business Administration, 1984

## PROFESSIONAL EXPERIENCE

Mr. Murray is President of Global Health Payment LLC, a management consulting firm established in 2011 specializing in the design and implementation of reimbursement systems for health care providers, including per case DRG-based payment, hospital global budgets, quality-based pay-for-performance (P4P) methodologies and internal payment incentive systems for Accountable Care Organizations.

Mr. Murray's primary experience in the areas of health economics, payment system development and health care administration came during his tenure as Deputy Director and his appointment by the Governor of Maryland as Executive Director of Maryland's unique hospital rate setting agency, the Health Services Cost Review Commission (HSCRC). The Maryland hospital rate setting system was the first all-payer hospital payment system in the U.S. and has been in continuous operation since 1974. Over its history, the Maryland Hospital Payment System has successfully curtailed the growth in both per case and per capita hospital costs, financed approximately \$1 billion annually in hospital care to uninsured patients, dramatically improved the payment equity among purchasers of hospital services and maintained a financially stable and predictable reimbursement system for the State's 47 acute care hospitals.

As Executive Director, he was responsible for the administration of an agency of 30 FTEs with an annual legislatively approved budget of over \$100 million. In addition to his administrative duties, he directed and oversaw the development and operation of payment policies approved by the Commission applicable to 47 acute care hospitals, with regulated revenues in excess of \$18 billion per year. He negotiated directly with Maryland hospitals both individually and collectively, on matters relating to the implementation of the HSCRC's payment policies. Under Mr. Murray's leadership, the HSCRC continued to evolve the Maryland hospital payment system with the development of: 1) the nation's first severity adjusted DRG-based payment system; 2) a bundled outpatient hospital prospective payment system based on Ambulatory Payment Groups (APGs); 3) quality-based incentive structures that preceded the Federal Value Based Payment, Hospital Acquired Conditions and Hospital Readmission Reduction Programs; and 4) Global Budget Rate arrangements for 10 isolated rural hospitals in the State in 2009. This payment model was the basis for Maryland's current payment Demonstration waiver with the Centers for Medicare/Medicaid Innovation.

Since leaving the HSCRC, Mr. Murray has designed hospital Global Budget payment arrangements for the State of Vermont and a prospective payment arrangement for 26 small and rural hospitals for the Oregon Health Authority and the Oregon Association of Hospitals and Health Systems. In Maryland, Mr. Murray supported CareFirst Maryland BlueCross BlueShield in the expansion of its primary care-based Patient-Centric Medical Home (PCMH) model and represented CareFirst in matters before the HSCRC. He is currently assisting Bailit Health on engagements with Vermont, Rhode Island, and Oregon in their attempts to investigate and potentially implement a system of hospital global budgets.

Internationally, he has aided the Chinese and the French Ministries of Health in the design of DRG-based payment systems and worked as a lecturer and Short-Term Consultant for the World Bank on payment reform initiatives in the Russian Federation, Brazil, India, the United Arab Emirates and the Philippines. Mr. Murray is currently a

member of a team of researchers from the Johns Hopkins University Bloomberg School of Public Health and the National Coalition on Health Care (JHU/NCHC), supported by a 30-month grant from The Laura and John Arnold Foundation to provide analytic policy support to a number of states pursuing regulatory and market-based strategies to control rising health care prices and costs.

Mr. Murray has written extensively on the history of rate regulatory payment models in the U.S. and various regulatory approaches such as the implementation of Price Caps on Out-of-Network hospital services and all-payer hospital global budgets. He is a frequent lecturer for foreign government health agencies, at various international health economics conferences and for other entities such as the Commonwealth Fund, the Kaiser Family Foundation, the Urban Institute, the American Enterprise Institute and the Medicare Payment Advisory Commission (MedPAC).

## SALIENT EMPLOYMENT HISTORY

- 2020-Present    The Source on Healthcare Price and Competition. University of California Hastings Consortium on Law, Science & Health Policy. Senior Policy Researcher.
- 2019-Present    Johns Hopkins School of Public Health/Arnold Ventures Team. Participant on a team of health researchers assisting states with technical assistance regarding methods/policies to help curtail rapidly rising health care prices and expenditures.
- 2011-Present    Global Health Payment, LLC - Towson, Maryland  
President of a management consulting firm specializing in health services research activities and the design and implementation of incentive-based payment systems for healthcare providers.
- 1994-2011       Maryland Health Services Cost Review Commission (the "HSCRC") – Baltimore, Maryland  
Executive Director of the HSCRC, an independent state health care agency responsible for overseeing the state's unique all-payer hospital rate setting system. Reported directly to the Governor of Maryland.
- 1993-94         Maryland Health Services Cost Review Commission – Baltimore, Maryland, Deputy Director
- 1990-93         BTT Consulting Services, Baltimore, Maryland  
Sole Proprietor of an independent consultant to the health care industry.
- 1986-90         Ernst and Young/Amherst Associates - San Francisco, California & Baltimore, Maryland  
Associate, Senior Associate and Manager in the finance consulting division.

## RESEARCH ACTIVITIES AND SELECT PUBLICATIONS

Options for States to Constrain Pricing Power of Health Care Providers. K Gudiksen and R Murray. *Frontiers in Health Services*. October 19, 2022. DOI 10.3389/frhs.2022.1020920  
[http://journal.frontiersin.org/article/10.3389/frhs.2022.1020920/full?utm\\_source=Email\\_to\\_authors&utm\\_medium=Email&utm\\_content=T1\\_11.5e1\\_author&utm\\_campaign=Email\\_publication&field=&journalName=Frontiers\\_in\\_Health\\_Services&id=1020920](http://journal.frontiersin.org/article/10.3389/frhs.2022.1020920/full?utm_source=Email_to_authors&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Health_Services&id=1020920)

Rate Regulation Revisited: Managing Regulatory Failure and Regulatory Capture in Health Care. R Murray. *Milbank Memorial Fund*. October 2022. <https://www.milbank.org/publications/rate-regulation-revisited-managing-regulatory-failure-and-regulatory-capture-in-health-care/>

How Price Regulation is Needed to Advance Competition. R Berenson and R Murray, *Health Affairs*, January 2022; 41. No.1: pp 26-34. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.01235>

Setting Caps on Out-of-Network Hospital Payments: A Low-Intensity Regulatory Intervention for Reducing Hospital Prices Overall. R Murray and J Keane. *Commonwealth Fund* Issue Brief. May 17, 2022. Available at: <https://www.commonwealthfund.org/publications/issue-briefs/2022/may/setting-caps-out-of-network-hospital-payments>

Hospital Global Budgets: A Promising State Tool for Controlling Health Care Spending. R Murray. *Commonwealth Fund* Issue Brief. March 22, 2022. Available at: <https://www.commonwealthfund.org/publications/issue-briefs/2022/mar/hospital-global-budgets-state-tool-controlling-spending>

Toward Global Budgets: State Considerations. R Murray. 2018. State Value Strategies publication. *The Robert Wood Johnson Foundation and the Woodrow Wilson School of Public Policy*. 21 pages. <https://www.shvs.org/resource/toward-hospital-global-budgeting-state-considerations/>

Hospital Rate Setting Revisited. R Murray, B Berenson. 2015. Washington DC: *The Urban Institute*. 88 pages. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000516-Hospital-Rate-Setting-Revisited.pdf>

Removing a Constraint on Hospital Utilization: A Natural Experiment in Maryland. NS Kalman, BG Hammil, RB Murray and KA. Schulman. *The American Journal of Managed Care*, 2014, Vol. 20, No. 6:e191-e199. Available at: <http://www.ajmc.com/publications/issue/2014/2014-vol20-n6/Removing-a-Constraint-on-Hospital-Utilization-A-Natural-Experiment-in-Maryland>

Maryland's Bold Experiment in Reversing Fee-for-Service Incentives. R Murray, *Health Affairs Blog*. January 28, 2014 Available at: <http://healthaffairs.org/blog/2014/01/28/marylands-bold-experiment-in-reversing-fee-for-service-incentives/>

Hospital Charges and The Need For A Maximum Price Obligation Rule For Emergency Department & Out-Of-Network Care. R Murray, *Health Affairs Blog*. May 16, 2013 Available at: <http://healthaffairs.org/blog/2013/05/16/hospital-charges-and-the-need-for-a-maximum-price-obligation-rule-for-emergency-department-out-of-network-care/>

"Hospital Pay-for-Performance Programs in Maryland Produced Strong Results, Including Reduced Hospital-Acquired Conditions," S Calikoglu, R Murray and D. Feeney. *Health Affairs*, December 2012; vol. 31 no. 12: 2649-2658. Available at: <http://content.healthaffairs.org/content/31/12/2649.abstract>

Paying for Performance in Health Care: Implications for Health System Performance and Accountability C Cashin, et al. *The OECD and the World Health Organization*. Chapter 16: United States: Maryland hospital acquired conditions program by Robert Murray p. 265 – 286. [http://www.oecd-ilibrary.org/employment/paying-for-performance-in-health-care\\_9789264224568-en](http://www.oecd-ilibrary.org/employment/paying-for-performance-in-health-care_9789264224568-en)

Provider Consolidation and Health Spending: Responding to a Growing Problem. S Delbanco, R Galvin and R Murray *Health Affairs Blog*, November 14, 2012 <https://www.healthaffairs.org/doi/10.1377/hblog20121114.025308/full/>

Provider Market Power in the U.S. Health Care Industry: Assessing its Impact and Looking Ahead. Research funded by *The Catalyst for Payment Reform*, San Francisco, California. November 2012. Available at: [http://www.catalyzepaymentreform.org/images/documents/Market\\_Power.pdf](http://www.catalyzepaymentreform.org/images/documents/Market_Power.pdf)

The Case for All-Payer Rate Setting. Point-Counterpoint Series, *Journal of Health Policy, Politics and Law*, August 8, 2012. Duke University Press. <http://jhppl.dukejournals.org/content/37/4/679.full.pdf+html> Setting Hospital Rates to Control Costs and Boost Quality: The Maryland Experience, R Murray, *Health Affairs*, September/October 2009; 28(5): 1395-1405. Available at: <http://content.healthaffairs.org/content/28/5/1395.long>

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Raleigh Watts
Preferred pronouns (e.g., she/her, he/his, they/their):	he him
Organization (if applicable):	
Title or position (if applicable):	
Work address (if applicable):	
County of organization/employer (if applicable):	
Email:	<a href="mailto:raleighwatts@hotmail.com">raleighwatts@hotmail.com</a>
Phone:	206 225 5307

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):  |
| <input checked="" type="checkbox"/> Community member or advocate      | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private                              |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public                               |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☐ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☒ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

My career passion is to make the world less unfair by helping everyone be as healthy as possible. As a public health professional I have worked and advocated for groups facing discrimination and barriers to public health and health care services. I have 35 years of experience working on public health and health care access in WA, and have also worked nationally and globally.

2. Please describe your relevant experience and how it would benefit FTAC.

--Public Health: Leadership and management roles at WA DOH, University of Washington, and private and nonprofit sectors. Focal areas included infectious diseases, LGBTQ health, inclusive community planning and evaluation  
--Health Care Delivery: Experience as director of a community health center and member of managed care plan board of directors (CHPW)  
--Advocacy: Whole Washington, advocating for state-based single-payor models

3. Please describe any other experience serving on a committee, board, or workgroup.

Past memberships:

--Medicaid Advisory Committee  
--HCA Primary Care Technical Advisory Committee  
--HealthierHere King County ACH board of directors  
--Community Health Plan / Network of Washington board of directors  
--Washington Association for Community Health board of directors  
--National Alliance of State and Territorial AIDS Directors board of directors

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am retired from full-time professional public health work and have time and passion to serve as an unaffiliated advocate.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

See Question 3.

11. Community service/volunteer activities:

Current:

Whole Washington (citizens initiative advocating for state-based single payor models)

Past:

Country Doctor Community Health Centers board of directors

Various HIV/AIDS and LGBTQ community organizations

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I work to bring all voices to the table and to use my own positions to elevate other voices. Health care has been a tool of racism through much of our country's history. Until we achieve equity, we need to continue to root out discrimination. Examples of my work: Bridging government programs and affected communities through inclusive planning and evaluation of programs for people living with HIV/AIDS; creating majority BIPOC governance board for a health center; and my own continued learning, discovery, and advocacy at a personal level.

14. Please describe why health equity is important to you.

Having been a member of a marginalized community, I personally understand how stigma and discrimination affect people's health. I believe public health and health programs are stronger when communities feel ownership and have a voice. I have an obligation and passion to do my part to end racism and discrimination in health care. Today I do not personally experience marginalization. Now I use my positional opportunities to open doors for others.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Washington State is ready to create a state-based solution focused on health equity. All the stars are aligned. Now is the time. Public health has the skills and tools necessary to address and monitor health equity. What it needs is funding and a clear mandate.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

non-latinx white LGBTQ male >60yo

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

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As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Raleigh Watts

Date:

November 29, 2022

Raleigh Watts  
[raleighwatts@hotmail.com](mailto:raleighwatts@hotmail.com)  
Seattle, Washington  
206 225 5307  
he him pronouns

## Professional Profile

- ♦ 25 years of experience strengthening public health and health care governance, globally and locally.
- ♦ Executive-level leadership experience in government, university, health care, private sector, and nonprofit settings.
- ♦ Documented results as a leader in diversity, equity, and inclusion.
- ♦ Experience managing donor, grantee, and contract relationships with the US Government (HRSA, USAID, CDC), Washington State government, Public Health - Seattle & King County, City of Seattle, foundations, and individuals.
- ♦ Career commitment to achieving social justice impact locally and globally.
- ♦ Success in leading social service programs in the U.S. and Africa using excellent strategic, fund development, program design, implementation, and evaluation skills.

## Experience

**Public Health Advisor, Centers for Disease Control and Prevention (Communicable Diseases)**  
Seattle Airport Quarantine Station, February-September 2022

### *Responsibilities:*

- ♦ Support the work of the Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Division of Global Migration and Quarantine (DGMQ)
- ♦ Leading active surveillance to prevent international arrival of infectious disease
- ♦ Providing public health subject matter expertise to Port of Seattle and federal agencies regarding zoonotic infections, migrant health, traveler illness, and airborne infections

**Executive Director, Country Doctor Community Health Centers**  
Federally Qualified Health Center sites in Seattle, WA, October 2017-March 2021

### *Responsibilities:*

- ♦ Leading 275 staff and \$30m in public and private resources
- ♦ Leading inclusive community and public policy relationships to leverage results
- ♦ Planning and executing health center finance and program improvements

### *Key accomplishments:*

- ♦ Growth of programs and services to meet community need
- ♦ Established an HR department focused on equity
- ♦ Strengthened balance sheet and financial systems, increasing reserves to sustainable levels
- ♦ Culture of diversity, equity, and inclusion in the organization; diversified governing board
- ♦ Transformed electronic medical records and digital health services

**Senior Partner, Business Owner, and Public Health Management Consultant**  
Akeso Associates, 2011-present

### *Responsibilities:*

- ♦ Strengthening health systems by partnering to build and evaluate governance and programs
- ♦ Assisting global organizations in strategy development and relationship landscaping, including senior-level facilitation and leadership coaching to improving results
- ♦ Providing technical guidance in prevention, treatment, and care programs and policies

- ♦ Managing global teams working on public health projects addressing chronic and infectious diseases and health disparities
- ♦ Monitoring and communicating strategies and impacts

*Key accomplishments:*

- ♦ Returning clients including UNICEF, WHO, CDC, USAID, University of Washington, and the Bill & Melinda Gates Foundation

**Director of Country Health Training Programs**

International Training & Education Center for Health (I-TECH), Department of Global Health, University of Washington, 2005-2011

*Responsibilities:*

- ♦ Advocating for and representing global programs and leaders to the Department of Global Health and University administration
- ♦ Managing a division with 600 staff and \$60m budget conducting capacity development and social change in 12 developing countries
- ♦ Designing and implementing local- and national-level medical training programs in Botswana, Namibia, South Africa, India, Tanzania, Guyana, Ethiopia, Uganda, Mozambique, Malawi, Caribbean Region, Kenya, and other countries to strengthen government health agencies, nonprofits, and universities

*Key accomplishments:*

- ♦ Strategic plans across multiple countries
- ♦ A well-functioning leadership team of senior directors working on three continents
- ♦ A new leadership/management training initiative within the organization
- ♦ Legal and financial risks mitigated in complex settings

**Technical and Management Consultant, global locations**

Consultant to the National Alliance of State and Territorial AIDS Directors, 2003-2006

*Provided public health technical assistance to several governments and nonprofit organizations in Africa and the Caribbean Region*

**State Program Director, HIV Care Services**

Washington State Department of Health, 1991-2003

*Responsibilities:*

- ♦ Administering Washington State's public health and treatment programs for HIV care: pharmaceutical support, medical payments to community health centers and private providers, case management, long term care, community development
- ♦ Overseeing an \$18 million budget including 340B pharmacy program and federal grants

*Key Accomplishments:*

- ♦ Rapid expansion of lifesaving HIV antiretroviral treatment services statewide
- ♦ Inclusive and participatory community planning statewide
- ♦ New policies and legislation to expand insurance options for persons with HIV
- ♦ Electronic pharmacy benefits management system for HIV antiretroviral billing

**Other Related Experience**

- ♦ Diversity, Equity and Inclusion front line leadership (UW Foster School of Business DEI Certificate, People's Institute, Enneagram IDEA Certificate Program [underway], caucusing, peacemaking circles)
- ♦ Country Doctor Community Health Centers, Seattle: Past board chair and finance committee and capital campaign committee member (1994-2017)
- ♦ Founding board chair and first director of a community organization that provided home-based care to patients with HIV infection and related illnesses in King County
- ♦ Past board member: Seattle Human Services Coalition, Washington Association for Community Health, Healthier Here, Community Health Plan of Washington, National Alliance of State and Territorial AIDS Directors, King County Community Health Centers

- ♦ Multiple community impact and civic planning projects in the Central Area of Seattle: LGBTQIA+ organizations, Black community organizations, Swedish Hospital Cherry Hill, neighborhood planning, City of Seattle transportation policy
- ♦ Certified *Conflict Dynamics Profile* consultant with Eckerd College Mediation Institute

## Education

Master of Arts, Anthropology (LGBTQI+ and Women's Studies), University of Washington

Certificate in Public Health, University of Washington

Bachelor of Arts, Sociology and Anthropology, Swarthmore College

# Universal Health Care Commission

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Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Shannon Fernandez
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	she/her
<b>Organization (if applicable):</b>	Yakima Valley Farm Workers Clinic
<b>Title or position (if applicable):</b>	Vice President of Billing
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	Yakima
<b>Email:</b>	Shannonf@YVFWC.org
<b>Phone:</b>	206-604-7752

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |   |
|---|---|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):             |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union  |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law  |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private   |
| <input checked="" type="checkbox"/> Finance                           | <input type="checkbox"/> Payer: public  |
|   | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☒ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Our current healthcare model is not sustainable and requires a new approach. I support universal health care, and my experience can provide perspective from a healthcare provider lens.

2. Please describe your relevant experience and how it would benefit FTAC.

I have over 25 years of healthcare finance experience from cost report preparation, payor contract negotiations, capitation finance, financial forecasting, and revenue cycle. Working in a capitated model, I learned the good and bad in cost containment. I also bring experience in modeling the employer side of delivering health care.

3. Please describe any other experience serving on a committee, board, or workgroup.

Currently I am a board member of the WA/AK Chapter of HFMA. Previously I have served on the Dolores Huerta Foundation Board as Treasurer, YMCA of Salem, Diversity, Equity & Inclusion Committee for SCCA and staff support to the Board Finance Committee of Salem Health and Seattle Cancer Care Alliance.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I began my career as a volunteer for the United Farm Workers Union in California and saw firsthand the impact on workers who do not have access to healthcare. In my years in healthcare finance, I have seen how broken the system is, and until the incentives around FFS change, we will need help to create an equitable healthcare model. I want to be part of the solution.



5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Board member for Washington / Alaska Healthcare Finance Management Association

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As the VP of Billing at YVFWC, an FQHC, I see how a Safety Net provider can make a difference in the community's health, breaking down care to access barriers. In my previous healthcare finance roles, I saw how the uninsured or underinsured did not have access to receive the same care as the fully insured. I have also seen healthcare disparities between Washington, Oregon, and California. I observed that those who live in communities with more competition for health insurance tend to have better options, creating reasonable insurance

14. Please describe why health equity is important to you.

Health care is a right. I have seen untold abuses in the non-profit healthcare sector, and I want to be part of the solution to create an environment where your income does not predict your ability to receive healthcare. As a teenager, my family was without health insurance. I was fortunate to have saved money from my after-school job to pay for my doctor's visit when I had bronchitis. Over the years, I have seen family and friends suffer while I assisted in navigating through burdensome charity

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The FTAC can design a model that will increase access while simultaneously reducing costs. Providing incentives for prevention and quality care is a step in the right direction. Increasing system efficiencies and reducing waste will offset the expansion cost. The solutions are complex, and developing an effective solution will take time and require hard work, but the future of healthcare depends on it.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a Mexican/American. My father worked for the papermill in Camas Washington and was a member of the AWPPW union.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> White                                   |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Other category/categories (please list) |
| <input checked="" type="checkbox"/> Hispanic or Latino/a/x/e |  |
| <input type="checkbox"/> Middle Eastern or Northern African  | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Shannon Fernandez

Date:

11/29/2022

**SHANNON FERNANDEZ**

Renton, WA | 206.604.7752 | shannonfernandez7@gmail.com

**FINANCE / OPERATIONS / HEALTHCARE**

Transformational financial executive with a demonstrated history in leading change. Experienced in healthcare operations specializing in finance, accounting, reimbursement, managed care, supply chain, and revenue cycle. Skilled strategist who transforms strategic plans into workable solutions and benchmarks performance against key operational targets and goals. Possesses the ability to engage operations in collaborative efforts to improve processes and efficiencies. Outstanding communication skills, leadership ability, and business acumen.

**PROFESSIONAL EXPERIENCE**

**Yakima Valley Farm Workers Clinic** Yakima, WA

2022-Present

VP of Billing Services

Plans, directs, and manages corporate billing and accounts receivable processing for medical, dental, and case management for YVFWC.

- Implemented cash application process improvements generating a 2.5 FTE reduction
- Restructured staffing to create payor expertise in coding, billing and follow-up
- Overhauled cash application process ensuring cash is posted daily to improve bank reconciliations
- Redesigned staffing schedules to improve engagement and reduce turnover

**Fred Hutch Cancer Center** Seattle, WA

2019 - 2022

Director Finance Operations & Revenue Cycle

Serves as a key leader in creating financial stability and economic advantage for SCCA and its partner organizations (Seattle Children's Hospital, UW Medicine and Fred Hutchinson Cancer Research Center) and leads overall strategy, optimization and implementation guidance of the revenue cycle operations.

Oversees all aspects of Financial Reporting and Accounting including General Ledger, GAAP Compliance, Tax and Regulatory Reporting, Purchasing, Payroll, Third Party Agreements (TPA Accounting) and Financial Systems Group (FSG).

Oversees all aspects of Revenue Cycle and Patient Accounting including Registration, Financial Counseling and Clearance, Charge Capture, Coding, HIM, Epic Systems, Clinical Research Billing and Monitoring, Denials

- Successfully transitioned over 100 employees to work from home while maintaining productivity and process improvement initiative
- Reorganized Revenue Cycle structure to streamline process resulting in a 9.7 reduction in Net Days in AR
- Revenue Cycle improvements have resulted in \$37M cash collections in excess of cash goals from March '20 – Feb '21 and \$20M increase of the same period in the prior year
- Reduction in AR greater than 180 by \$8M (22%)
- Implemented best practices in Finance Operations including zero balance account-based AR reserves leading to alignment of Revenue Cycle cash goals around net revenue recognition
- Developed a Procure to Pay function aligning Purchasing and Accounts Payable while implementing PeopleSoft Contracts and Cash Management modules, streamlining contract approval workflows and migrating from paper checks to electronic vendor payments
- Support Investment Sub-Committee established in April 2020

**Providence Health and Services**, Renton, WA

2012 - 2019

Executive Director Productivity and Benchmarking (2017 -2019)

Responsible for establishing the System level Productivity and Benchmarking Analytics group and providing organizational leadership in the development, implementation and adoption of common data definitions, processes,

methodologies and technology solution for productivity and benchmarking across Providence St. Joseph Health ministries.

- Standardized and implemented a labor benchmarking system for 50 hospitals resulting in efficiency improvements of over 3,000 FTEs and labor cost savings of \$273 M
- Established systemwide productivity dashboard measuring productivity and premium labor spend across 50 hospitals
- Generated a systemwide financial and clinical agreement on common (standardized) productivity/budget statistics for all hospital departments across 50 hospitals

#### Senior Director Profitability and Cost Management (2014 - 2016)

- Transformed shared services functions supporting over 30 acute care hospitals
- Led development of an Oracle based decision support tool with executive dashboards including service line profitability
- Developed a pharmacy analytics team measuring cost savings for drug exchanges resulting in a \$5 M reduction in pharmacy spend

#### Contracted Consultant (2012 - 2014)

Finance liaison assigned to Epic Implementations, standardization of KPIs for financial performance and expected reimbursement development in Epic

- Created Testing and Go Live model for Expected Reimb accounting
- Establish process for reconciling Epic AR to Lawson
- Participant in Expected Reimb contract modeling project
- Member of Reimbursement and Administrative Transformation Teams
- Developed Executive AR and Net Revenue Dashboard for monthly close process
- Finance Liaison with ORC and Epic managing Epic training, leading monthly Knowledge Share
- Lead for standardizing KPI statistics through a system wide collaborative process

#### **Nonprofit Organizations**

2009 - 2012

##### Contracted Consultant

Partnered with non-profit organizations developing financial statement analysis, finance committee reporting packages, cash projections, and operations recommendations

- Established monthly close processes for several non-profit organizations
- Developed board packages with KPI to monitor organizational performance
- Created cash forecasting model and standard budgeting processes with managerial reporting to assist with budget accountability
- Created procedural manual for administrative staff

#### **Embassy of the United States, The Hague**

2008 – 2009

##### Contracted Consultant

Created financial statements, field reports, fuel program reporting for VAT reimbursement, and presented financial results to AEG diplomats

- Prepared Financial Statements
- Prepared Statements for American Embassy Group Fuel Program
- Filed Reports for Value Added Tax Refunds
- Managed Financial Reports for Embassy Gift Shop
- Completed Bank Reconciliations with Currency Conversions – Euro to US Dollar
- Presented Financial Status Reports to AEG Diplomats

- Key leader in \$40 M bond offering including meeting with rating agencies
- Negotiated managed care contracts, developed cash management and investment strategies
- Led implementation of Decision Support System
- Established reimbursement strategies including improved contractual methodology

**Catholic Healthcare West Bakersfield Market**, Bakersfield, CA

1993 - 2004

Regional Controller (2001 - 2004)

- Led cost efficiency efforts and revenue enhancement strategies for a \$36 M financial turnaround
- Oversaw medical records, materials management and managed care contract improvements
- Facilitated all finance/accounting functions for 5 hospitals
- Shaped utilization improvements with length of stay reductions and supply usage through utilization management committee

Regional Finance Manager (1999 - 2001)

- Headed all aspects of the Finance and General Accounting Activities for 5 Hospitals and Foundation
- Led merger of community-based hospital finance functions into established finance teams
- Established reconciliation process reducing audit adjustments by 100%

Finance Supervisor (1993 - 1998)

- Managed finance functions integrating cost accounting analytics
- Created managed care profitability analysis utilized in negotiations, resulting in \$15M in improved reimbursement
- Developed physician profiles for utilization review and care pathways with care management team improving length of stay

## **ACADEMIC PREPARATION**

**University of Providence**

Master of Healthcare Administration

- Graduated with distinction

**California State University**, Bakersfield

Bachelor of Science, Business Administration, Accounting

- Cum Laude
- Studied Abroad, Economics, Madrid, Spain

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Scott Hippe
Preferred pronouns (e.g., she/her, he/his, they/their):	He/him
Organization (if applicable):	Columbia Valley Community Health
Title or position (if applicable):	Physician
Work address (if applicable):	105 E Appleblossom Rd, Chelan, WA
County of organization/employer (if applicable):	Chelan
Email:	scott.hippe@gmail.com
Phone:	3603481067

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |   |
|---|---|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):             |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union  |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law  |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private   |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public  |
|   | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☐ Health care financing<sup>2</sup>
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in serving on the FTAC because I want to see universal healthcare implemented in Washington state, and have it be successful. In my job as a rural family physician I see the negative impacts that uninsurance/underinsurance has on one's health on a daily basis. A universal health plan would lead to a more equitable health system and be a tremendous benefit to the citizens in our state--especially those most vulnerable.

2. Please describe your relevant experience and how it would benefit FTAC.

I work as a family physician at a rural federally qualified health center. I have a ground-level perspective on how one's access to health insurance affects the type of care that an individual receives. I am familiar with many of the challenges that underinsurance imposes on our residents. I would be able to provide perspective on working with various types of insurances (e.g. private, medicaid, medicare, etc). As a primary care physician I have a generally holistic view of care of the person, and

3. Please describe any other experience serving on a committee, board, or workgroup.

I currently work with the population health team at my organization, which focuses on improving our patients' preventive care measures, meeting quality metrics required by insurance groups, and implementing value-based care interventions. I am active on my local hospital's medical executive committee, which focuses on physician credentialing and review.

I have previously held leadership positions while a medical student on the Washington Academy of Family Physicians Board of Trustees and Washington State

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am relatively early in my career as a physician and am excited to be involved in something outside of my day-to-day interactions in the clinic and hospital. I'd like to work to help change the health system for the better while I continue working to improve the health of the individuals to whom I provide care personally.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☒ Yes

☐ No

8. If yes, please explain.

I work as a physician, so implementing a universal health plan could impact my compensation and that of my physician colleagues. As a primary care physician my earnings are relatively low compared to other physicians. Large scale overhaul of reimbursement systems could positively or negatively impact me financially.

9. Professional licenses held:

Washington State Medical License (MD 61033655)

10. Memberships in professional, civic organizations, or government boards or commissions:

Washington Academy of Family Physicians/American Academy of Family Physicians  
Physicians for a National Health Plan

11. Community service/volunteer activities:

Currently, being a newer parent of a 1.5 year old and a demanding job as a rural family physician have made volunteer engagements challenging. I have participated in Lake Chelan Trails Alliance on trailbuilding activities. During medical training I coordinated a free weekend clinic staffed by medical students and volunteer physicians. I also have volunteer-taught English as Second Language courses. I have been active volunteering my time in professional organizations advocating for

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

In a typical day in clinic or the hospital I have to navigate matters of health equity regularly. I work collaboratively with nurses, home health, social workers, and community service groups to help decrease barriers to my patients accessing health care and living as healthy as possible. As one example, in my area there is a need for substance use treatment services and no local specialty centers due to the rural location. In addition to providing medication-assisted therapy, I try to identify

14. Please describe why health equity is important to you.

I have devoted my working life to improving the health of those around me. I believe that we all deserve a fair and equitable chance to live the healthiest and most fulfilling life possible. The way our current health system is set up, there are the "haves" and "have-nots" and a very inequitable distribution of access to health care services. I want every individual who comes to my clinic seeking care to not have to worry about how they are going to pay for their services.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

By ensuring that all residents are covered under a universal health system, this makes huge advances in improving health equity. It doesn't end with simply covering every resident under a health care financing system. By adopting a unified financing system, the FTAC (or WA health care authority) should use that unified focus to target resources and efforts at high-yield impact interventions to improve our statewide health in an equitable fashion with special attention to the currently more

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, born/raised in Washington State

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Scott Hippe

Date:

11/30/2022

## Scott Hippe

105 E Raymond St, Chelan, WA 98816

(360) 348-1067

scott.hippe@gmail.com

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### Employment

#### Columbia Valley Community Health

(2020-present)

105 S Appleblossom Dr, Chelan, WA 98816

Family Physician

Provide bilingual care for patients of all ages in a busy rural community health center

Cover inpatient and obstetric call responsibilities at nearby critical access hospital

Physician representative on Population Health team

#### Hippe Physician Services

(2021-present)

Physician independent contractor

Staff rural emergency department, on average one 24 hour shift per 1-2 months

Lead rural-focused clinical teaching sessions to Nurse Practitioner graduates

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### Education and Residency Training

#### Family Medicine Residency of Idaho

(2016-2020)

777 N Raymond St, Boise, ID 83702

Entering class of 2016, graduated June 2019

Obstetrics Fellow, 2019-2020

#### University of Washington School of Medicine

(2012-2016)

1959 NE Pacific St. A-300 Health Sciences Center, Box 356340

Seattle, WA 98195-634

#### Gonzaga University

(2007-2011)

502 E. Boone Ave, Spokane, WA 99258

Summa Cum Laude

B.S. Biology, B.A. Spanish

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### Leadership, Service, and Advocacy

#### Chief Resident

(2018-2019)

- Shared administrative, clinical, and educational responsibilities for our 38-member residency with two other co-chief residents

#### Contributor, "Insights on Residency Training" Blog

(2018-2019)

- Monthly contributor to a blog featuring chief residents in family and internal medicine programs
- Published online by the *New England Journal of Medicine*

#### OB Journal Club Coordinator

(2017-2019)

- Work with community OBGYN and Maternal-Fetal-Medicine colleagues to host a quarterly resident-directed review of new primary literature in obstetrics

#### Graduate, Advocacy 101 Course

(2017-2018)

- Extracurricular completion of evening course exploring various aspects of advocacy in the medical field
- Participated in meetings with state legislators addressing access to health care issues

- Wrote opinion pieces urging Idaho to expand health insurance coverage to uninsured vulnerable populations

**Student Co-Trustee, Washington Academy of Family Physicians** (2014-2015)

- Represented medical student perspective on the WAFP Board of Trustees
- Planned annual WAFP Student and Resident Retreat to raise interest in family medicine

**President, Associated Students of Washington State University Spokane** (2013-2014)

- managed staff responsible for campus programs, events, and communications at an interdisciplinary regional health sciences campus
- advocated for students to WSU administration and state legislators
- organized campus-wide community health screening project

**Scholarships and Awards****Leadership and Community Service Award** (2019)

- Presented by the Family Medicine Residency of Idaho's Board of Directors to one graduating third year resident exemplifying service to the community and leadership within the organization

**Theodore J. Phillips Award** (2016)

- Presented by the King County Academy of Family Physicians to one graduating student member of the Washington Academy of Family Physicians for commitment to excellence in Family Medicine

**Family Medicine Leads Scholarship** (2015)

- Awarded based on academic and leadership merits, providing funding to travel to and attend AAFP National Conference for students and residents

**Service Award** (2014)

- Awarded to UWSOM students with demonstrated commitment and hours in service learning and other volunteer activities.

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**Related Work Experience****Certified Nursing Assistant** (2011-2012)

- worked at skilled nursing facility in WA State specializing in caring for individuals with traumatic brain injuries
- also worked in the Activities Department

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**Professional Memberships and Certifications**

- American Academy of Family Physicians
- Washington Academy of Family Physicians
- Gold Humanism Honor Society
- Advanced Cardiac Life Support Certification
- Advanced Life Support in Obstetrics Certification
- Advanced Trauma Life Support Course Certification
- Pediatric Advanced Life Support Course Certification
- Spanish Language Fluency

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
Name (first and last):	Stephen Kemble
Preferred pronouns (e.g., she/her, he/his, they/their):	he/him
Organization (if applicable):	One Payer States, PNHP
Title or position (if applicable):	Chair of Policy Committees for OPS and PNHP
Work address (if applicable):	Honolulu, HI
County of organization/employer (if applicable):	
Email:	stephenbkemble@gmail.com
Phone:	808-497-6521

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input checked="" type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate      |  |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Labor union   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: private  |
|   | <input type="checkbox"/> Payer: public   |
|   | <input type="checkbox"/> Provider: federally qualified health center           |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☒ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health

- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health

- ☐ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have written or co-authored papers on "Principles for Designing a Cost-Effective Single-payer System," "Hospital Payment under Single-Payer Proposals: Payment to Risk-Bearing Entities vs Budgets for Hospitals," "Optimizing Physician Payment for a Single-payer Healthcare System," "Insurance Industry 'Trojan Horses' in 'Single-Payer' Proposals," and "Capitation payment of ACO REACH plans will sabotage 'Realizing Equity, Access, and Community Health.'"

<https://onepayerstates.org/one-policy-work-group-page/>



2. Please describe your relevant experience and how it would benefit FTAC.

I am a physician trained in both internal medicine and psychiatry and I have been a psychiatrist in private practice and in a hospital-based clinic serving mostly Medicaid patients. In 2011 I was appointed to the Hawaii Health Authority, charged with overall health policy for Hawaii and with designing a universal healthcare system covering all residents of Hawaii. We met for 3 years working on this goal, but we were pushed aside by Hawaii's efforts to implement the ACA, which is not a universal system.

3. Please describe any other experience serving on a committee, board, or workgroup.

I served on the Board of Mountain Pacific Quality Health, the Medicare Quality Improvement Organization for Montana, Wyoming, Hawaii, and Alaska, for 15 years. I was elected President of Hawaii Medical Association in 2012 on a single-payer platform. I have been active with Healthcare for All Hawaii and the Democratic Party of Hawaii Health Committee. I am currently chair of the Policy Working Group for One Payer States and the Policy Committee for PNHP.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I was asked by members of Healthcare for All Washington, who are also members of One Payer States and PMHP, if I would be interested in contributing to the Washington effort to achieve a more cost-effective universal healthcare system. This is my major interest for over 20 years, so I agreed to submit an application to contribute to the FTAC.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

M.D. in Hawaii (active) and Massachusetts (inactive)

10. Memberships in professional, civic organizations, or government boards or commissions:

I am currently a member of the Hawaii Medical Association, the Hawaii Psychiatric Medical Association, Physicians for a National Health Program, and One Payer States. In the past I served on the Hawaii Advisory Council for Drug Abuse and Controlled Substances and the Hawaii Health Authority.

11. Community service/volunteer activities:

Since retiring from private practice in 2017 I have been active with the Democratic Party of Hawaii and in particular the DPH Health Committee.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have been an advocate for Medicaid beneficiaries for a long time, including extensive documentation of problems with Hawaii's implementation of Medicaid Managed Care. I am familiar with various models for implementation of Medicaid, including Primary Care Case Management and the successful reforms achieved by Connecticut since they eliminated Managed Care Organizations and moved to Primary Care Case Management with a non-risk Administrative Services Only contract

14. Please describe why health equity is important to you.

I have always believed each and every individual is important and deserves equal quality of care in healthcare settings, and I have always been distressed throughout my career by discrimination against patients with Medicaid.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I have thought through in detail how a universal healthcare financing system might drastically reduce health inequities, and I would be happy to share my thoughts with the FTAC.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am caucasian, primarily of English and Welsh origin, and my family has been in America since the 1720s.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

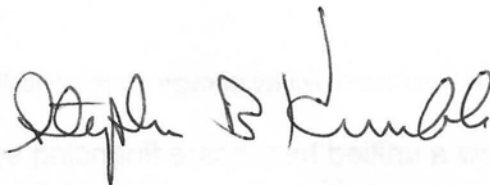
- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

Nov. 26, 2022

STEPHEN B. KEMBLE, M.D.  
PSYCHIATRIC ASSOCIATES, LTD.

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ONE KAPIOLANI BUILDING, SUITE 402  
600 KAPIOLANI BOULEVARD  
HONOLULU, HI 96813  
TELEPHONE (808) 537-2665  
FAX (808) 524-3747

## **CURRICULUM VITAE**

STEPHEN BROOKS KEMBLE, M.D.  
November 2022

### **Address:**

Home: 1950 Mott-Smith Drive  
Honolulu, HI 96822  
Phone: (808) 538-7498  
Mobile: (808) 497-6521  
e-mail: sbkemblemd@gmail.com

### **Date and Place of Birth:**

May 19, 1947  
Boston, Massachusetts  
(Family moved to Hawaii at age 9)

### **Pre-Medical Education:**

1965-69: Reed College  
Portland, Oregon  
B.A. in Biology, May, 1969

### **Medical Education:**

1969-71: University of Hawaii School of Medicine  
Honolulu, Hawaii  
(2-year curriculum)  
1971-73: Harvard Medical School  
Boston, MA  
M.D. degree (Harvard): June, 1973

### **Internship:**

1973-74: Rotating 1 Internship (9 mo. internal medicine, 1 1/2 mo. emergency  
room, 1 1/2 mo. pediatrics)  
The Queen's Hospital Medical Center  
Honolulu, Hawaii

STEPHEN B. KEMBLE, M.D.

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**Residency:**

- 1974-75:     Resident in Internal Medicine  
The Queen's Hospital Medical Center  
Honolulu, Hawaii
- 1975-76:     Resident in Internal Medicine  
University of Hawaii Integrated Medical Residency  
Honolulu, Hawaii
- 1976-79     Resident in Psychiatry  
The Cambridge Hospital (Harvard Medical School)  
Cambridge, MA

**Fellowship:**

- 1979-80:     Fellowship in Consultation-Liaison Psychiatry  
The Cambridge Hospital (Harvard)  
Cambridge, MA

**Professional Positions Held (most recent first):**

- 1989 to Present:  
Psychiatric patient care and teaching at Queen Emma Clinics  
(primary care internal medicine clinic) at The Queen's Medical Center  
Honolulu, HI
- January 1998 to August 2017:  
Private Group Practice of Adult Psychiatry  
(Incorporated as Psychiatric Associates, Ltd.)  
600 Kapiolani Blvd., #402  
Honolulu, HI 96813
- 1997:       Private Practice of Adult Psychiatry  
(Incorporated as Honolulu Psychiatric Associates, Ltd.)  
600 Kapiolani Blvd., #403  
Honolulu, HI 96813
- Nov. 1995-Dec. 1996:  
Medical Director  
Hawaii Psychiatric Associates, Ltd.  
(Group Private Practice)  
600 Kapiolani Blvd., #402  
Honolulu, HI 96813

- 1994-1996: Medical Director  
FPM Hawaii, Inc.  
Managing Mental Health and Substance Abuse Services for  
AlohaCare (MedQUEST)  
Honolulu, HI
- 1985-95: Solo Private Practice of Adult Psychiatry  
600 Kapiolani Blvd., #211  
Honolulu, HI 96813
- 1980-85: Adult Psychiatrist in Group Practice  
Comprehensive Mental Health Services, Inc.  
Acton, MA
- 1979-85: Private Practice of Adult Psychiatry  
Cambridge, MA
- 1984-85: Staff Psychiatrist, Consultation-Liaison Service  
Department of Psychiatry  
The Cambridge Hospital  
Cambridge, MA
- 1982-84: Acting Director, Consultation-Liaison Service  
Department of Psychiatry  
The Cambridge Hospital  
Cambridge, MA
- 1980-82: Associate Director, Consultation-Liaison Service  
Department of Psychiatry  
The Cambridge Hospital  
Cambridge, MA
- 1977-80: Emergency Room Physician  
Central Hospital  
Somerville, MA

**Licensure in Medicine:**

- Hawaii: #02485 (July 30, 1974)  
Massachusetts: #40201 (Oct. 10, 1976) (inactive)

**Board Certification:**

American Board of Internal Medicine, June, 1976  
American Board of Psychiatry and Neurology (Psychiatry),  
November, 1983  
American Society of Addiction Medicine, December, 1990

**Hospital Appointments:**

1985-Present:	The Queen's Hospital Medical Center Honolulu, HI (Active Staff: Psychiatry)
1985-2000:	Kahi Mohala Ewa Beach, HI (Active, then Courtesy Staff: Adult Psychiatry)
1990-94:	St. Francis Medical Center (Courtesy Staff: Psychiatry))
1988-94:	Kapiolani Medical Center (Consulting Staff: Psychiatry)
1982-85:	Somerville Hospital Somerville, MA (Courtesy Staff: Psychiatry)
1981-85:	Emerson Hospital Concord, MA (Courtesy Staff: Psychiatry)
1980-85:	The Cambridge Hospital Cambridge, MA (Active Staff: Psychiatry)
1977-80:	Central Hospital Somerville, MA (Emergency Physician)

**Teaching Appointments:**

2012-present:	Assistant Clinical Professor of Medicine and Psychiatry (John A. Burns School of Medicine)
1989-2012:	Assistant Professor of Medicine (John A. Burns School of Medicine)
1985-89:	Assistant Clinical Professor of Medicine (John A. Burns School of Medicine)
1983-85:	Instructor in Psychiatry (Harvard University)

STEPHEN B. KEMBLE, M.D.

CURRICULUM VITAE

Page Five

1980-83: Clinical Instructor in Psychiatry  
(Harvard University)  
1976-80: Clinical Fellow in Psychiatry  
(Harvard University)  
1976: Clinical Teaching Assistant  
(University of Hawaii School of Medicine)

**Membership in Professional Societies:**

1976: American College of Physicians (Member)  
1981: American Medical Association  
1981: Massachusetts Medical Society  
1984: American Psychiatric Association (Distinguished Fellow, 1997)  
1985: Hawaii Medical Association (Honolulu County Medical Society)  
1985: Hawaii Psychiatric Medical Association  
1989: American Society of Addiction Medicine  
1990: Physicians for a National Health Program  
2010: One Payer States (national group working toward single-payer health care at the state level)

**Offices and Committees in Professional Societies and Public Service Organizations:**

Hawaii Medical Association:

HMA President (2012-2013)  
HMA President-Elect (2011-12)  
HMA Treasurer (2010-2011)  
Delegate to HMA from HCMS (1993-97)  
HMA Committee on Health Care and Economics (1991-93)  
HMA Mental Health Committee (Chairman, 1989-91)  
HMA Committee on Medical Ethical, Legal, and Moral Issues (1989-91)  
HMA Committee on Physicians' Health (1985-2002)

Hawaii Psychiatric Medical Association:

HPMA President (1993-94)  
HPMA President-Elect (1992-93)  
HPMA Secretary (1991-92)  
HPMA Treasurer (1989-91)  
HPMA Committee on Health Care Reform (1993-2000)  
HPMA Continuing Medical Education Committee (1992-93)  
HPMA Committee on Managed Care (1989-2000)

Member of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (1991-97)  
Member, Board of Directors of Pacific Medical Administrative Group (PMAG) (1994-1996)  
Chair, Pacific Health Care Quality Assurance Committee, 1990-1996  
Member, Board of Directors of Mountain Pacific Quality Health (Medicare Quality Improvement Organization for Montana, Wyoming, Hawaii, and Alaska) (1996 to 2010, including terms as Secretary-Treasurer, President-Elect, and President)  
Member, Hawaii Dept. of Health Opioid Use Task Force (October 2017)  
University Health Alliance (physician directed health insurance company)  
Member, Physician Advisory Panel, University Health Alliance (2003 – present)  
Member, Board of Directors, University Health Alliance (2008 – 2011)  
Member, Hawaii Health Authority (responsible for overall health planning for the state, and for development of a comprehensive health plan for all individuals in Hawaii) (Appointed 2011, active 2011-2013)  
Member, Hawaii Health Transformation Initiative, Executive Committee, representing the Hawaii Health Authority (2011-2013)  
Advisory Board, Physicians for a National Health Program (2014 to 2019)  
Board of Directors, Physicians for a National Health Program (2019 to present)

**Publications:**

Brown, H.N. and Kemble, S.B., “Episodic Anxiety and Cardiac Arrhythmias.” Psychosomatics 22, No. 10: 907-915, October, 1981

Kemble, S.B., “For Healthcare, Single-Payer System is Best,” The Honolulu Advertiser, January 23, 2009

Kemble, S.B., “Competition in Health Care Problematic,” The Honolulu Advertiser, Nov. 15, 2009

Kemble, S.B., “A Better Idea for United States Health Care – The Balanced Choice Proposal.” Hawaii Medical Journal 69: 294-297, Dec. 2010

Kemble, S.B., “Consolidating All Medicaid Plans Would Save Money and Expand Access,” “Island Voices,” The Honolulu Star-Advertiser, July 27, 2011

Kemble, S.B., “U.S. Healthcare Spending: Where is the Waste?” OpEdNews.com, Nov. 16, 2011. <http://www.opednews.com/articles/U-S-Health-Care-Spending-by-Stephen-Kemble-111116-331.html>

Kemble, S.B. "Why Competition Among Health Plans Can't Help Us." OpEdNews.com, Nov. 17, 2011. <http://www.opednews.com/articles/Why-Competition-Among-Health-Plans-Can-t-Help-Us-by-Stephen-Kemble-111117-858.html>

Kemble, S.B. "Universal Publicly Funded Health Care: Establishing Accountability Without Competition." OpEdNews.com, Nov. 24, 2011. <http://www.opednews.com/articles/Universal-Publicly-Funded-Health-Care-Establishing-Accountability-Without-Competition-by-Stephen-Kemble-111123-777.html>

Kemble, S.B. "Principles for Cost-Effective, Sustainable Health Care Reform." OpEdNews.com, Dec. 5, 2011. <http://www.opednews.com/articles/Principles-for-Cost-Effective-Sustainable-Health-Care-Reform-by-Stephen-Kemble-111203-878.html>

Kemble, S.B. "Fee-For-Service Is Not the Problem." OpEdNews.com, July 14, 2012. <http://www.opednews.com/articles/Fee-For-Service-Is-Not-the-Problem-by-Stephen-Kemble-120706-547.html>

Kemble, S.B. "State should end Medicaid managed-care model." "Island Voices," The Honolulu Star-Advertiser, April 21, 2013

Kemble, S.B. "More health care regulations mean more middlemen, fewer doctors." "Island Voices," The Honolulu Star-Advertiser, Nov 27, 2013

Verhoef P, Kemble S. "Universal Coverage Remains a Big Deal." KevinMD. March 18, 2014. <http://www.kevinmd.com/blog/2014/03/universal-coverage-remains-big-deal.html>

Kemble, S.B. "Medicaid Red Tape Crippling Good Health Care." The Honolulu Star-Advertiser, April 6, 2014

Kemble, S.B. "Healthcare Pay-For-Performance Folly" The Honolulu Star-Advertiser, July 7, 2014

Kemble, S.B. "Support reforms to cut administrative burdens on doctors." The Honolulu Star-Advertiser, November 6, 2014

Kemble, S.B. "Hawaii Health Authority could reduce health costs, if empowered to do so" The Honolulu Star-Advertiser, March 8, 2015

Kemble, S.B. "Payment reforms in federal bill will add burdens to doctors." The Honolulu Star-Advertiser, April 16, 2015

Kemble, S.B. “‘Value-Based’ Payment a Threat to Hawaii Health Care.” The Honolulu Star-Advertiser, September 6, 2015

Kemble, S.B. “Policymakers Should Be Listening to Doctors.” The Honolulu Star-Advertiser, February 3, 2016

Kemble, S.B. “Lawmakers Ignore Better Health-care Reform Plan.” The Honolulu Star-Advertiser, February 20, 2017

Kemble, S.B. “Health care reform driven by health plans, not physicians.” The Honolulu Star-Advertiser, January 24, 2018

Kemble, S.B. “Administrative costs of ‘value-based’ health care too high.” The Honolulu Star-Advertiser, January 24, 2019

Kemble, S.B. “How to reverse the loss of Hawaii’s Primary Care Doctors.” The Honolulu Star-Advertiser, October 8, 2019

Kemble SB, Flanders C, Mitchell MA. “Population-Based Primary Care Payment System in Hawaii.” JAMA 2019;322(21):2136. <https://doi.org/10.1001/jama.2019.16200>

Kemble, SB. “HMSA’s Capitation System Isn’t Working.” The Honolulu Star-Advertiser, June 3, 2020 <https://www.staradvertiser.com/2020/06/03/editorial/island-voices/column-hmsas-capitation-system-isnt-working/>

Kemble SB. “Hawaii Was Creating A Plan For Universal Health Care. It’s Time To Return To It.” Honolulu Civil Beat, October 4, 2020 <https://www.civilbeat.org/2020/10/hawaii-was-creating-a-plan-for-universal-health-care-its-time-to-return-to-it/>

Kemble, SB, Aduja M. “State should self-insure health plans for employees, retirees.” The Honolulu Star-Advertiser. October 29, 2020 <https://www.staradvertiser.com/2020/10/29/editorial/island-voices/column-state-should-self-insure-health-plans-for-employees-retirees/>

Kemble SB. “Save millions by cutting administrative waste in health care.” The Honolulu Star-Advertiser. February 4, 2021. <https://www.staradvertiser.com/2021/02/04/editorial/island-voices/column-save-millions-by-cutting-administrative-waste-in-health-care/>

Kemble, SB. "Medicaid managed care turns into a taxpayer boondoggle." The Honolulu Star-Advertiser. June 21, 2021. <https://www.staradvertiser.com/2021/06/21/editorial/island-voices/column-medicaid-managed-care-turns-into-a-taxpayer-boondoggle/>

Kemble, SB. "Inside the Medicare Advantage plans, many now being probed." The Honolulu Star-Advertiser. November 21, 2021. <https://www.staradvertiser.com/2021/11/21/editorial/insight/inside-the-medicare-advantage-plans-many-now-being-probed/>

Papers written with One Payer States Policy Working Group:

Kemble, SB and OPS Policy Working Group. "Principles for Designing a Cost-Effective Single-Payer System." July 22, 2020. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and Sullivan K. "Hospital Payment Under Single-Payer Proposals: Payments to Risk-Bearing Entities Versus Budgets for Hospitals." June 20, 2020. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and OPS Policy Working Group. "Optimizing payment of physicians for a single-payer healthcare system." November 29, 2020. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and OPS Policy Working Group. "Insurance Industry 'Trojan Horses' in 'Single-Payer' Proposals." March 17, 2021. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and OPS Policy Working Group. "Capitation payment of ACO REACH plans will sabotage 'Realizing Equity, Access, and Community Health.'" October 18, 2022. <https://onepayerstates.org/ops-policy-work-group-page/>

Lectures/Presentations:

Psychodynamic Formulations in Psychotherapy, Psychiatric Grand Rounds, John A. Burns School of Medicine, 1986.

On "The Use of Force" (from William Carlos Williams' *The Doctor Stories*), American College of Physicians, Hawaii Chapter, Fall Meeting, 1987.

Adaptation to Physicianhood: Toward Healthy Fulfillment of the Physicians' Vocation, American College of Physicians, Hawaii Chapter, Fall Meeting, 1988.

The Deprofessionalization of Medicine, American College of Physicians, Hawaii Chapter, Fall Meeting, 1993

Private Out-Patient Mental Health Care and Managed Care in Hawaii, Hawaii Medical Association Annual Meeting, October, 2000.

Psychological Coping Strategies and Physical Health, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, October 17, 2007.

The McCain and Obama Health Plans, Dept. of Medicine Grand Rounds, John A Burns School of Medicine, October 14, 2008.

Single-Payer Health Care Financing: What It Is, What It Isn't, and What It Could Be, Olole Public Television, September 8, 2009

Health Care Reform, American College of Physicians, Hawaii Chapter, January 9, 2010

Health Care Reform – What You Need to Understand, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, January 26, 2010

The New Health Care Reform Law: Treasure Chest or Pandora's Box?, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, April 6, 2010

Health Care Reform – What You Need to Understand, Church of the Crossroads, April 11, 2010

The New Healthcare: Ethics and Economics, Panelist, 2010 International Bioethics Conference, The St. Francis International Center for Healthcare Ethics, August 13, 2010

Single-Payer Healthcare Financing – Prospects for Hawai'i, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, January 18, 2011

Health Care Reform for Hawai'i – Single-Payer Pathways and Options, William S. Richardson School of Law, Feb. 23, 2011

Health Care Reform – What You Need to Understand, Taking Care of Your Diabetes Conference, Honolulu, March 5, 2011

Medicaid and Single-Payer for Hawaii, (with Salim Hasham, MSysEng, MHA)  
Presentation to Gov. Neil Abercrombie, March 23, 2011

Balanced Choice – A Physician Payment Option within Single-Payer. William S.  
Richardson School of Law, March 30, 2011

The PPACA – Implications for Hawaii, Dept. of Medicine Grand Rounds, John A. Burns  
School of Medicine, May 24, 2011

The PPACA – Implications for Hawaii, Hawaii Medical Center East Grand Rounds, Sept.  
22, 2011

The Hawaii Health Authority and Health Reform for Hawaii, Queen's Dept. of Medicine  
Grand Rounds, October 14, 2011

Update on State of Hawaii Health Care Reform, Dept. of Medicine Grand Rounds, John  
A. Burns School of Medicine, January 17, 2012

Health Care Reform – National Trends and the Hawaii Health Authority Plan,  
Gastroenterology, Hepatology and Nutrition Updates in Hawaii 2012, February 5,  
2012

Health Care Reform for Hawaii: Single-Payer Pathways and Options, Dept. of Medicine  
Grand Rounds, John A. Burns School of Medicine, February 23, 2012

Resolved: Hawaii should lead the nation with universal health care funded by the single  
payer model. Yes or no? Affirmative Presentation, Town Hall Debate at Democratic  
Party Hawaii Convention, May 25, 2012

Health Care Reform and Legislation in Hawaii, Lecture for UH Transitional Residency  
Program, September 4, 2012.

Health Reform and Professional Ethics. Hawaii Medical Association Presidential  
Inaugural Address, Ola Pono Ike, October 8, 2012.

U.S. Health Compared - Present, Obama Care and Single-Payer. The Body Show, KIPO  
Radio, April 29, 2013

Hawaii's Health Insurance Connector (Exchange). Olelo Public Access TV, October 12,  
2013

Hawaii – Transitioning and Moving Beyond the Affordable Care Act. American Public Health Association Annual Meeting. October 29, 2014.

Obamacare vs. Single-Payer. Think Tech Hawaii. Interview with Dr. Josh Green, November 5, 2013

Single-Payer Healthcare. Olelo Public Access TV, November 9, 2013

The Affordable Care Act vs. Single-Payer. Dept. of Psychiatry Grand Rounds, January 10, 2014

The Affordable Care Act: Payment and Delivery System Reforms and Mental Health. American Medical Student Association: Race, Ethnicity and Culture in Health Action Committee. Webinar Presentation, February 20, 2014

The Business Case for Single-Payer Health Care. The Rotary Club, Honolulu, March 11, 2014

ACA Reforms, Mental Health & Single-Payer. Physicians for a National Health Program, Webinar Presentation, May 13, 2014

The Business Case for Single-Payer Health Care. One Payer States/Healthcare-NOW! Conference in Oakland, CA, August 22, 2014

ACA Payment & Delivery Reforms vs. Single-Payer. Lecture for UH Transitional Residency Program, September 30, 2014

Healthcare Reform and Developments in Hawaii. Lecture for UH Transitional Residency Program, October 1, 2014.

Health Care Reform: Truth or Dare. Think Tech Hawaii, Interview with Dr. Josh Green, October 14, 2014

Single-Payer and the Crisis in Mental Health Care. Physicians for a National Health Program Annual Meeting, New Orleans, November 15, 2014

Administrative Simplification – Let Doctors be Doctors Again! Honolulu County Medical Association Annual Meeting, keynote address, November 22, 2014

ACA Reforms, Mental Health, and Single-Payer. John A. Burns School of Medicine, Department of Psychiatry Grand Rounds, October 16, 2015

How Obamacare Fails the Mentally Ill: A Call for Single-Payer Mental Health Coverage.  
(with J. Wesley Boyd, MD) Physicians for a National Health Program Annual Meeting, Chicago, November 1, 2015

From the Prepaid Health Care Act to Managed Care to the ACA: 30 Years of Health Policy in Hawaii. Hawaii Sociology Association Conference, Hilo, HI, February 20, 2016

Responding to Political Attacks on Single-Payer. Physicians for a National Health Program Webinar, March 10, 2016

The Business Case for Single-Payer Health Care. Aiea Rotary Club, April 14, 2016

Why Capitation and “Value-Based” Payment Can’t Work, Especially in Hawaii.  
Interview on Olelo, Hawaii Public Access Television, May 7, 2016

The Hawaii Health Authority Proposal for Much More Cost-Effective Healthcare Reform. Kupuna Caucus, Democratic Party of Hawaii, January 6, 2017

Why We Need Single-Payer Healthcare Reform, or Something Close to It. American Association of Nurse Practitioners Conference, Queen’s Conference Center, Honolulu. January 17, 2017

How Can We Push for a More Just and Cost-Effective Health Care System? Health is a Human Right Forum on Healthcare, John A. Burns School of Medicine Student Alliance for Health, Honolulu. February 15, 2017

The Status of Health Care Reform in the United States and for Hawaii. Lecture for UH Transitional Residency Program, Honolulu. April 18, 2017

How Can We Push for a More Just and Cost-Effective Health Care System? Honolulu Friends Meeting, April 30, 2017

Honolulu County Medical Association Forum on HMSA Payment Reform Initiative,  
Kapiolani Medical Center Auditorium, Honolulu. June 22, 2017

Panel on “Why Single-Payer?” 6<sup>th</sup> Annual Laborfest Conference, Musicians’ Association Studio, Honolulu. September 29, 2017

Reducing Healthcare Administrative Cost is the Key to Affording Health Care for All.  
Democratic Party of Hawaii Headquarters, Honolulu. November 30, 2017

How to Get to Universal Health Care in Hawaii and the U.S. J-20 Hawaii. University of Hawaii ART Building, Honolulu. January 16, 2018

Healthcare in Hawaii - what happens after GOP TAX SCAM? Democratic Party of Hawaii, Hawaii State Capitol, January 19, 2018

Doctors Create Local Solutions: All-payer system with incentive-neutral payment. John A. Burns School of Medicine, Honolulu. January 20, 2019

Healthcare Options for Hawaii - How to Improve Access and Quality While Reducing Cost. Indivisible Kihei, Kihei Community Association, & Organizing for Action Maui. Kihei, Maui, Hawaii. March 1, 2018

Collaborative care model for managing mental health problems in primary care. Project ECHO Clinic, John A. Burns School of Medicine, Honolulu. March 27, 2018

Healthcare Reform Today – April 2018. Transitional Residency Program, John A. Burns School of Medicine, Honolulu. April 17, 2018

How Value-Based Payment Reforms Can Undermine Care of the Seriously Mentally Ill. American Psychiatric Association Annual Meeting, San Francisco. May 7, 2018

Creating an All-Payer, Incentive Neutral Payment System. Workshop at Hawaii Health Workforce Summit 2018, Honolulu. September 8, 2018

Update on Collaborative Care and Access to Psychiatric Services in Hawaii. Project ECHO Program, Honolulu. January 22, 2019

Healthcare for All Hawaii Barnstorm Events: Hawaii State Capitol, Keaau (Hawaii Island), and ILWU Hall, Honolulu. February 9-12, 2019.

What's Wrong with ACA Payment and Care Delivery Reforms, and What Would Work Better? JABSOM Partnership for Social Justice, John A. Burns School of Medicine, Honolulu. May 5, 2019.

Single-Payer for Psychiatry and Care of the Seriously Mentally Ill. Workshop on How Private Insurance Fails Those with Mental Illness. American Psychiatric Association Annual Meeting, San Francisco. May 20, 2019.

Interdisciplinary Teams in Health Care: The Collaborative Care Model for Psychiatric Care. Workshop Panelist, Hawaii Health Workforce Summit 2019, Honolulu. September 7, 2019.

Update on Collaborative Care And Access to Psychiatric Services in Hawaii. Project ECHO. January 21, 2020.

Single-Payer Healthcare – Implications for Psychiatry. Grand Rounds, Dept. of Psychiatry, John A. Burns School of Medicine. Honolulu. February 7, 2020.

Unnecessary Administrative Burdens in Physician Practice. American College of Physicians Hawaii Chapter. February 22, 2020.

All-Payer Health Care with Global Budgeting of Hospitals – The Hawaii Health Authority Proposal. Hawaii Nurses Association. March 21, 2020

Single-Payer Healthcare – Implications for Psychiatry and Treatment of Substance Abuse. Hawaii Addictions Conference. April 17, 2020

Health Care Town Hall – Health Policy Implications of COVID-19 Pandemic. Democratic Party of Hawaii Health Committee. June 5, 2020

Medicaid – Structure, Evolution, and Medicaid Managed Care. Northern New England Health Policy Summer Internship. June 24, 2020

Insurance Risk, ACOs, and All-Payer - Implications for Vermont. Vermont Chapter, Physicians for a National Health program. September 2, 202

Fixing Health Insurance in Hawaii. Democratic Party of Hawaii Health Committee Town Hall. September 13, 2020

How Could We Design an Optimal Single-Payer System for the U.S.? JABSOM Partnership for Social Justice Symposium. November 10, 2020

Healthcare with Seiji Yamada and Stephen Kemble. Civil Beat IDEAS Live. December 9, 2020. <https://www.facebook.com/civilbeat/videos/388623942393480>

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Samuel Wilcoxson
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	He/Him
<b>Organization (if applicable):</b>	Premera Blue Cross
<b>Title or position (if applicable):</b>	Sr. Reg. Compliance & Ethics Program Admin.
<b>Work address (if applicable):</b>	7001 220th St SW, Mountlake Terrace, WA 98043
<b>County of organization/employer (if applicable):</b>	Snohomish County
<b>Email:</b>	Samuel.Wilcoxson@premera.com
<b>Phone:</b>	1 425-918-4418

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):  |
| <input type="checkbox"/> Community member or advocate                 | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private                   |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public                               |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☐ Health care delivery system
- ☐ Health care financing<sup>2</sup>
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☒ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.


## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in taking part in the larger conversation on how to improve health care, especially as it relates to problem-solving the barriers to universal health care.

Professionally, I have had the privilege of working on the issue of universal health care coverage and related topics surrounding federal and state health care and public health programs. If given the opportunity, I believe my technical expertise, ~~most experience, and willingness to engage~~ would bring value to the Committee. 

2. Please describe your relevant experience and how it would benefit FTAC.

I previously worked as a legislative staffer for U.S. Rep. Rick Larsen, specifically covering health care policy and related federal issues. I held this role for 2.5 years. During this time, I also acted as the primary point of contact for the health care sector stakeholders for his office.

Additionally, I was employed by the Department of Health and Human Services, 

3. Please describe any other experience serving on a committee, board, or workgroup.

During my time with the Office of Assistant Secretary of Health, I was assigned as the Deputy Assistant Secretary for Health Policy's point of contact for the Long COVID workgroup which was assigned with publishing two reports called for in presidential memorandum, including a report covering all Long COVID related services and supports, and a second report establishing a national action plan for researching and continuing to respond to Long COVID.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☒ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

N/A

11. Community service/volunteer activities:

N/A

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Professionally, I've spent the last 3.5 years working on health care policy and public health. Specifically, as a legislative staffer for U.S. Rep. Rick Larsen, I worked on researching, evaluating, and making vote or cosponsorship recommendations on a wide variety of legislative proposals relating to health equity. In particular, I evaluated these proposals within the context of the second congressional district's diverse communities.



14. Please describe why health equity is important to you.

As a personal matter, I grew up in a big family who depended on my parent's union membership to maintain access to health insurance. Unfortunately, there were times in my life, as a kid and as a young adult, that I had limited to no health care coverage or access to health care.

Professionally, I find the topic difficult. It requires a nuanced understanding of public



15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Regardless of the population, access to health care is typically only accessed after navigating several hurdles some of which can include cost, transportation, or insurance coverage.

I believe the FTAC is uniquely positioned to grapple with the practical effects of reforms aimed at expanding access to health care and to engage intellectually with



## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am Latino, specifically Mexican-American.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> White                                   |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Other category/categories (please list) |
| <input checked="" type="checkbox"/> Hispanic or Latino/a/x/e |  |
| <input type="checkbox"/> Middle Eastern or Northern African  | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Samuel Wilcoxson

Date:

11/30/2022

# Samuel J. Wilcoxson

3741 Mark Drive, Alexandria, VA 22305 • Samuel.Wilcoxson@Gmail.com • (214)504-8319

## EXPERIENCE

### Department of Health and Human Services

Washington, D.C.

*Legislative Analyst & Special Assistant, Office of Assistant Secretary of Health*

December 2021- Present

- Assisted with establishing the Office of Policy and Legislation for the Office of the Assistant Secretary of Health
- Collaborated with senior leadership on drafting legislative feedback and developing budget justifications
- Managed large-scale data calls for government-wide and department-wide requests for data including drafting data calls, instructions, compiling responses, and resolving contradictory input

### House of Representatives

Washington, D.C.

*Legislative Assistant, Office of Representative Rick Larsen*

July 2019- December 2021

- Managed a diverse portfolio including health care, education, agriculture, judiciary, hunger, social security, seniors, housing, immigration, civil rights, United State Postal Services, social safety net programs, and COVID-19 response
- Organized and led high-level stakeholder meetings to elicit feedback on legislation, and appropriations
- Developed COVID-19 priorities and legislative strategy to advocate to leadership, committees, and member offices
- Collaborated with committees and engaged outside groups to develop, and introduce legislation
- Drafted talking points, social media, floor speeches, testimony, and press releases

### American Bar Association

Washington, D.C.

*Legal Extern, Center on Children and the Law*

January 2019 – May 2019

- Tracked state-specific compliance for federal regulations; performed 50-state surveys
- Summarized policy positions and evaluated data to understand national trends
- Created distribution-ready materials to be used as resources by child welfare professionals, judges, and attorneys
- Coordinated with stakeholders, developed positions for legislative strategies, tracked legislations and regulations

### Washington State Attorney General's Office

Olympia, WA

*Rule 9 Law Clerk, Division of Social & Health Services*

May - August 2018

- Managed, prepared, and presented a weekly caseload of 5-10 families in Dependency Proceedings
- Collaborated with senior attorneys on drafting appellate briefs, trial briefs, and dispositive motions
- Engaged with social workers to develop permanent plans, address safety concerns, and prepare for litigation

*Law Clerk, Division of Children, Youths, & Families*

May - August 2017

- Drafted answers, complaints, policy research memoranda, and client-advice letters
- Assisted senior attorneys with estate recovery cases to evaluate the need for legal action, including investigating individuals, relevant probate proceedings, and potential value of creditor's claims

### Dripping Springs Elementary School

Dripping Springs, TX

*Special Education Teaching Asst.*

October 2015 - April 2016

- Collaborated with other educators, specialists, and families on behavioral and academic intervention plans
- Authored and organized individualized education plans to address diagnosed learning disabilities and academic needs
- Supported and oversaw students with exceptionally difficult behavior disorders and special needs

## EDUCATION

### Seattle University School of Law

Seattle, WA

*J.D. Candidate*

May 2019

Scholarship: Recipient, Dean's Diversity Scholarship; Recipient, Public Interest Law Foundation Grant

Activities: Vice-President, Student Bar Association

### The Catholic University of America

Washington, D.C.

*B.A., Philosophy*

May 2015

# Universal Health Care Commission

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Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Wendy Conway
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	she/her/hers
<b>Organization (if applicable):</b>	
<b>Title or position (if applicable):</b>	
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	
<b>Email:</b>	wenwenwrd@gmail.com
<b>Phone:</b>	36-528-1394

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):  |
| <input checked="" type="checkbox"/> Community member or advocate      | <input checked="" type="checkbox"/> Labor union                      |
| <input type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private                              |
| <input type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public                               |
|   | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☒ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☐ Health care financing<sup>2</sup>
- ☐ Health economics
- ☐ Health information technology and/or electronic medical records
- ☐ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As a working class community member I feel it is important that those of us who are impacted the most financially should be at the table where a possible solution is discussed on the rising costs of healthcare and access to services.

2. Please describe your relevant experience and how it would benefit FTAC.

I have been a WFSE member activist for 20+ years and employed with a state agency that regulates health insurers for 26 years. I am familiar with how cost share works and how it impacts those who are not financially stable and how access to services such as mental health and substance use have negatively affected my community.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on workgroups through my employer that consisted of other state agencies and stakeholders such as insurers and healthcare providers. I have served on several boards via my WFSE union membership as well.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

As a single mother of 5 children I know what it is like to go without proper healthcare because you can't afford a copay. I also know what it is like to go into medical debt. In my current position I am very aware of the cost share amounts incurred by private healthcare purchasers, those purchased through the Washington Health Benefit Exchange and large employer plans. Very few plans being sold in Washington are

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☐ Yes

☒ No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

WFSE member for 20+ years.

11. Community service/volunteer activities:

WFSE union activist. Registered voter and occasional GOTV volunteer.

12. Have you ever served in the U.S. Armed Forces?

☐ Yes

☒ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a single mother of 5 children I know what it is like to go without proper healthcare because you can't afford a copay. I also know what it is like to go into medical debt and not receive appropriate or adequate coverage for mental health or substance use services, which can and do result in death. In my current position I am very aware of the cost share amounts incurred by private healthcare purchasers, those purchased through the Washington Health Benefit Exchange and large employer

14. Please describe why health equity is important to you.

Very few plans being sold in Washington are affordable to working class families, unless you qualify for Apple Health. The access to needed services is another issue, dependent on ability to pay, or access to the type of professional needed can and do result in death of some of our most vulnerable population. Access also means different things, such as appointment, health plan network requirements and even transportation to services. We need to find a solution, I would prefer nationally but

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I am hoping for solutions to eliminate the roadblocks currently in place that prevent citizens from receiving the care they need in a timely manner. The ability to not have to think about whether or not they have the copay/coinsurance or if they have met their deductible before they make an appointment AND that making an appointment doesn't result in a 2, 3 4 week or longer wait to receive care. Ideally also mitigating the access and care issues for mental health and substance use services

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Wendy Conway

Date:

11/30/2022

## **Wendy Conway**

PO BOX 3023  
Yelm, Washington 98597

Work (360) 725-7142  
Cell (360) 528-1394

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### **Skills**

Strong analytical and research skills. Extensive regulatory compliance experience, policy contract review, provider agreement review, including development of rules and agency bill tracking. Provide detailed consultation to management, industry professionals, other analysts and actuaries regarding best practices and next steps involving contract review, non compliance referrals for legal review, administration of laws and regulations, bill analysis and fiscal note writing. Very proficient with all MS Office programs, including Microsoft Teams, Adobe and agency designed database (State Insurance Management and Business Application – SIMBA), National Association of Insurance Commissioners (NAIC) insurance filing database SERFF, document management system (Application Extender Document Management - AX), LobbyGov bill tracking portal. Exceptional working knowledge of WAC title 284 and RCW title 48 and RCW 34.05 (Administrative Procedures Act), and RCW title 18. Strong people skills, including four plus years of facilitating meetings involving large scale event/project planning for a non profit organization. Detail oriented, strong problem solving skills, excellent oral and written communication, able to work independently and within a team environment cohesively and productively.

### **Work Experience**

#### **September 2017 to Present**

#### ***State of Washington – Office of the Insurance Commissioner, Rates and Forms – Forms Analyst - Functional Program Analyst 4***

Review and evaluate contracts for compliance with Washington insurance laws and regulations, Federal law, including the Affordable Care Act (ACA), as well as case law. Perform additional regulatory oversight responsibility brought about by ACA and the interrelationship with state requirements, including the development and promulgation of rules. Provide consultation to management, industry professionals, other analysts and actuaries regarding best practices and next steps involving contract review and administration. Maintain current and accurate knowledge of state and federal laws and regulations governing health & disability insurance as it relates to health form requirements; Function as a recognized substantive expert and unit resource responsible for substantive issues arising from newly enacted laws and rules, regulatory guidance, and other requirements. Serve as team lead for health forms unit analysts and provide consult on any substantive issue applicable to the review of health forms to ensure accurate and consistent application of legal requirements across carriers; Participate in all Health Forms Compliance Unit trainings to enhance and share knowledge of laws and processes affecting health care forms review; Collaborate with other members of the health forms unit as necessary to ensure consistent review processes across insurance markets (individual and group lines), product-types, and carriers; Actively participate in rule team assignments, including internal and external workgroups, or committees;

Provide legislative bill analysis and fiscal notes when requested; Conduct planning, auditing, and/or investigation of health care contractors, health care maintenance organizations, insurers, insurance licensees, and/or other regulated entities. Coordinate and review the work of health forms unit and monitor the quality and quantity of work performed and conduct quality assurance reviews to identify knowledge gaps, process errors, and/or patterns of inconsistency; Identify unfair, inequitable or unlawful insurance practices; recommend or refer such practices or individual cases/files for enforcement action; Request corrective action as necessary, based upon the analysis and interpretation of trends and rules. Review, research and investigate the most complex contracts, filings, or inquiries that involve compliance issues related to laws, regulations or departures in industry practices. identify and address training needs for the health forms unit and individual analysts, including substantive training plans for new analysts; Develop training plans and resources in the most effective and appropriate format; Maintain and update analyst checklists, objection bank, issues index and unit deskbook; and consult with and advise unit manager regarding the balance of workload among analysts and assisting with workflow balancing as requested by unit manager.

#### **April 2013 to Present**

#### ***State of Washington – Office of the Insurance Commissioner, Rates and Forms – Forms Analyst - Functional Program Analyst 3***

Provide timely and accurate, independent analysis, evaluation and approval or disapproval of healthcare insurance forms, including provider agreements, provider compensation agreements that include Medicaid and Medicare, and issuer compliance plans. Review and evaluate contracts for compliance with Washington insurance regulations, Federal law, including the Affordable Care Act (ACA), as well as case law. Perform additional regulatory oversight responsibility brought about by ACA and the interrelationship with state requirements, including the development and promulgation of rules. Provide consultation to management, industry professionals and coworkers regarding best practices and next steps involving contract review and administration. Communicate issues that may arise to management and industry. Coordinate, track and review issuer binder package submissions for compliance with ACA and ensure completion of health plan package of over 200 healthcare contracts for submission to the Washington Health Benefit Exchange for inclusion as a qualified health plan. Research, interpret and analyze healthcare contracts and provider agreements, including Medicaid and Medicare. Assist the industry in solving problems regarding healthcare contract filing, administration compliance and provider agreement compliance. Educate the industry regarding healthcare and provider agreement issues. Advise insurance industry professionals based on analysis or interpretation of contracts and agreements; Request corrective action as necessary, based upon the analysis and interpretation of trends and rules. Participate in formal and informal hearings. Prepare healthcare product files for referral for enforcement action for unlawful contract administration, unfair or inequitable insurance practices. Evaluate administrative law as applied in individual cases and suggest changes when warranted. Participate in meetings with

company representatives to resolve enforcement and contract administration compliance issues. Proficient in all MS Office programs, Adobe, Adobe Contribute for agency website management, agency designed database (State Insurance Management and Business Application – SIMBA), including agency document management system (Application Extender Document Management - AX) and the industry filing database System for Electronic Form Filing (Serff) through the National Association of Insurance Commissioners (NAIC).

**July 2001 to Present**

***State of Washington – Office of the Insurance Commissioner, Consumer Protection – Insurance Compliance Analyst - Functional Program Analyst 3***

Research, interpret and analyze health, life , annuity, long term care, medicare supplement and disability income insurance policy contracts, practices and other materials for compliance with federal and state laws and regulations. Assists the public or the industry in solving problems regarding health, life , annuity, long term care, medicare supplement and disability income insurance. Educate the public or industry regarding health, life , annuity, long term care, medicare supplement and disability income insurance issues. Research and investigate health, life , annuity, long term care, medicare supplement and disability income insurance consumer complaints resulting from disputes between the consumer and the insurer. Mediate disagreements between the consumer and the insurer; Analyze and interpret health, life , annuity, long term care, medicare supplement and disability income insurance practices, contracts, and rules to ascertain if they are in compliance with Washington laws and regulations, request corrective action as necessary, based upon the analysis and interpretation; Analyze and interpret health, life , annuity, long term care, medicare supplement and disability income insurance practices, trends and rules. Advise insurance industry professionals and/or the public and their representatives based on the analysis or interpretation; Participate in formal and informal hearings; Prepare and assist with health, life , annuity, long term care, medicare supplement and disability income insurance complaint files and product files, for referral for enforcement action, for unlawful, unfair or inequitable insurance practices; Evaluate administrative law as applied in individual cases and suggest changes when applicable; Prepare and speak at presentations given during community meetings or forums regarding health, life , annuity and disability income insurance issues; Educate the public, their representatives, and insurance industry professionals on health, life , annuity, long term care, medicare supplement and disability income insurance related issues; including attendance at numerous outreach events at the Puyallup Fair, the Renton Small Business Fair, local schools and the Senior Citizens Foundation, advising participants of their rights under state law as well as federal law, including the protections and benefits under the ACA, tailored to meet the needs of the audience – such as the tax credit for small employers who provide health insurance benefits to their employees. Participate in meetings with company representatives to resolve enforcement and consumer issues; Develop and maintain Consumer Advocacy Life and Health Intranet site. As an agency subject matter expert, develop, revise and update Internet site pages

relating to health, life , annuity, long term care, medicare supplement and disability income insurance..

**July 1999 to July 2001**

***State of Washington – Office of the Insurance Commissioner, Consumer Protection – Insurance Analyst in Training***

While in a training capacity, within the Office of Insurance Commissioner, assisted in researching, reviewing and analyzing health, life , annuity, long term care, medicare supplement and disability income insurance industry compliance with the Washington State Administrative Code and the Revised Code of Washington; assisted in conducting investigations of health, life , annuity, long term care, medicare supplement and disability income insurance complaints made against insurance carriers; assisted in responding to consumer inquiries, providing information and/or investigating complaints related to health, life , annuity, long term care, medicare supplement and disability income insurance; assisted in the research and investigation of health, life , annuity, long term care, medicare supplement and disability income insurance consumer complaints resulting from disputes and disagreements between consumers and insurers; assisted in the investigation of complaints from consumers and sellers of health, life , annuity, long term care, medicare supplement and disability income insurance products; assisted in gathering of documenting evidence; and assisted in the preparation of case files of completed investigations for referral for enforcement action.

**August 1997 to July 1999**

***State of Washington – Office of the Insurance Commissioner, Consumer Protection – Secretary Lead***

Implemented the volunteer program for the Consumer Advocacy Division which consisted of the recruitment, hiring and training and supervision of 3 volunteers. Tracked all incoming and outgoing referrals using two types of software programs. Received incoming referrals, referred to appropriate supervisors for handling or referred consumer to proper authority outside of OIC for possible resolution. Provided technical assistance to other Agencies, Insurance Carriers and Agents. Responsible for Consumer Advocacy Public Disclosure Request's which included the initial screening and redacting of potentially confidential/medical information. Received internet complaint forms and queries, letters and telephone calls regarding P&C and L&D issues, either referred to appropriate staff or answer inquiries myself. Research database for complaints using various coding criteria for both P&C and L&D insurance matters when requested by outside entities. Responsible for the creation and maintenance of two monthly report items using Excel and survey software. In charge of minutes for staff meetings. Ordered supplies for building. Division Attendance Keeper. Backup for the Consumer Hotline receptionist.

**EDUCATION**

Yelm High School, Yelm WA – 1985

## **REFERENCES**

Kim Tocco Manager – HealthCare Rates, Forms and Provider Networks State of WA Insurance Commissioner PO Box 40255 Olympia, WA 98504-0255 <a href="mailto:Kim.Tocco@oic.wa.gov">Kim.Tocco@oic.wa.gov</a>	(360) 459-1633
Julia Hinrichs Functional Program Analyst 4 Rates, Forms and Provider Networks State of WA Insurance Commissioner PO Box 40255 Olympia, WA 98504-0255 <a href="mailto:Julia.Hinrichs@oic.wa.gov">Julia.Hinrichs@oic.wa.gov</a>	(360) 725-7138
Carmyn Shute Administrative Regulations Analyst 4 DOSH Labor and Industries 7273 Linderson Way SW Tumwater, WA 98501 <a href="mailto:shod235@LNI.WA.GOV">shod235@LNI.WA.GOV</a>	(360) 902-6081

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Warren George
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	he/his
<b>Organization (if applicable):</b>	
<b>Title or position (if applicable):</b>	
<b>Work address (if applicable):</b>	
<b>County of organization/employer (if applicable):</b>	
<b>Email:</b>	<a href="mailto:george@peak.org">george@peak.org</a>
<b>Phone:</b>	541-224-1456

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Academic/research                            | <input type="checkbox"/> Health care association (please describe):  |
| <input type="checkbox"/> Community member or advocate                            | <input type="checkbox"/> Labor union                                 |
| <input type="checkbox"/> Community-based organization                            | <input type="checkbox"/> Law   |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private                   |
| <input checked="" type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public                               |
|  | <input type="checkbox"/> Provider: federally qualified health center |

- ☐ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☒ Health care advocate<sup>1</sup>
- ☒ Coverage and benefits and/or cost sharing and premiums
- ☒ Development or measurement of health-related metrics
- ☒ Employer health benefits/costs
- ☒ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☒ Experience with differently abled communities (either as a community member or working with community)
- ☒ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☒ Federal financing for health care programs and systems
- ☒ Financing health-related social needs and social determinants of health
- ☒ Health care administration
- ☐ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☒ Health economics
- ☐ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☒ Improving health equity and eliminating health disparities
- ☒ Provider reimbursement
- ☒ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☒ Revenue goals and projections
- ☒ State financing for health care programs and systems
- ☒ Tax structures, including the impact of tax structures on equity
- ☒ Taxation and other public revenue models
- ☒ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I believe in universal care, and I believe that national action is unlikely until one or more states have demonstrated pilot programs. Having served on the Oregon Joint Task Force on Universal Health Care, and having done much research specific to universal care, I believe my knowledge and experience could be helpful. More specifically, I am keenly aware of the need and benefit to coordinate universal care design between Oregon and Washington.

2. Please describe your relevant experience and how it would benefit FTAC.

As a career manager in titanium production facilities I developed skills in fiscal management and change management. Then as a business consultant I helped work with a variety of businesses on management and technical problems requiring intense analysis of information. About 10 years ago I realized that universal care advocacy was short of expertise in finance and revenue and I have made that my specialty.



3. Please describe any other experience serving on a committee, board, or workgroup.

Governor appointed and Senate ratified voting member of the Oregon Joint Task Force on Universal Health Care. 2021-2022.  
Subcommittee Assignments: Expenditures and Revenue Analysis Workgroup  
Special Interest Engagement Workgroup  
Communications Workgroup

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

As a career business manager and registered republican I bring a vocabulary that allows me to be conversant with a range of stakeholders, improving design considerations, and reaching a wider group of potential supporters. Commissioned a poll of Oregon voters on the subject of financing universal care - using Elway Research of Seattle, Washington

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☒ Yes

☐ No

8. If yes, please explain.

Everyone could be potentially affect by decisions involving premiums or taxation. I believe that the key to making good recommendations under such circumstances is 1) Anchor all recommendations in sound principles.  
2) Be diligent in protecting any one group from targeted harm.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

Oregon Joint Task Force on Universal Health Care  
Various civil and structural engineering professional organizations (related to my development of titanium reinforcement bars for extending the life of bridges)  
I have been a guest speaker to many civic organizations on the subject of universal care financing.

11. Community service/volunteer activities:

Past board president for a large children's choir in Oregon  
Started a musical group at Oregon State Correctional Institution  
From 2008 to 2020, developed and facilitated Unlike Minds groups of 8 members each to meet in each others homes once a month to promote mutual respect and constructive dialogue.

12. Have you ever served in the U.S. Armed Forces?

☒ Yes

☐ No

## Health equity questions

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Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Although being raised as a Quaker with automatic draft exemption, I was angry that the Vietnam war was being disproportionately fought by minorities and by those without financial means to extend college deferments. Because I could not fix that injustice at that time, I enlisted in the Army so I could serve beside them.

14. Please describe why health equity is important to you.

As a relatively isolated Quaker child in a small white town, I believed that stories of inequity were exaggerated or from a long time ago. Then when I lived for years in a racially mixed neighborhood as a young adult, and particularly when I served in the military in the South, what I saw disgusted me.

As a researcher of health care information it hurts me that minorities and poor experience worse medical outcomes. There are many causes, all of which need to

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Selecting just one: the Oregon Joint Task Force on Universal Health Care conducted 16 public listening session and round tables. I attended every session and was moved to tears several times. I hadn't previously realized the extent to which consolidation of medical services into huge buildings in the suburbs intimidates and discourages care to populations who have never been more than 20 blocks from home. Delivering care where needed instead of where most profitable.

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am of a white rural background.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Warren H George

Date:

11/29/22

# RESUME

Warren George  
7402 NE Haugen Road  
Corvallis, OR 97330

November 28, 2022  
541-745-6914  
541-224-1456 (cell)

## Universal Care History:

- Oregon Joint Task Force on Universal Health Care 2021-2022
- Have given over 40 presentations on universal care finance, including to states and to national organizations.
- Commissioned 2019 Elway poll of Oregon voters on funding of universal care.
- Have presented many papers and research reports on medical financing.

## Management and Technical Consultant: 2002 to 2021

- Provided consulting for economic evaluations, new facility startups, risk management, organizational design, and technical solutions.
- Unique specialties include evaluation of large data sets.

## Plant Manager: International Hearth Melting, Richland, Washington (Division of Oregon Metallurgical Corp and Allegheny Technologies): 2000 to 2002

- Managed \$60 million division to impressive turn around:
  - 80% reduction in rejects and out of specification product.
  - 58% productivity increase.
  - Facility became profitable, avoiding closure.
- Responsible for all operational and administrative functions including employee health benefit programs.

## Oregon Metallurgical Corporation, Albany, Oregon. 1981-2000

- Increasingly responsible positions of Industrial Engineer, Production Manager, and Director of Primary Operations for \$100 million dollar production facility.
- Elected by employees to lead governance of employee buyout of majority stock ownership.

## Previous Education and Experience

- Oregon State University - Industrial Engineering 1978 to 1982
- Manager/co-owner of wood products company, Tillamook OR 1973-1978
- Oregon National Guard – 1972-1973
- US Army – 1970-1972

## Family:

- Wife Peggy, married 1974
- Two sons, two daughters, five grandchildren

# Universal Health Care Commission

## Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

**Due:** Wednesday, November 30, 2022  
**Submit to:** [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov)

To apply, please complete this application and submit to [HCAUniversalHCC@hca.wa.gov](mailto:HCAUniversalHCC@hca.wa.gov) by end of day on **Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

### Contact information

Information requested	Your information
<b>Name (first and last):</b>	Wayne Zack
<b>Preferred pronouns (e.g., she/her, he/his, they/their):</b>	he/his
<b>Organization (if applicable):</b>	MultiCare Health System
<b>Title or position (if applicable):</b>	Manager, Financial Data Systems
<b>Work address (if applicable):</b>	work from home
<b>County of organization/employer (if applicable):</b>	Pierce
<b>Email:</b>	<a href="mailto:wayne.zack@multicare.org">wayne.zack@multicare.org</a>
<b>Phone:</b>	253.677.6617

### Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

#### Sector

- |  |  |
|--|--|
| <input type="checkbox"/> Academic/research                                       | <input checked="" type="checkbox"/> Health care association (please describe):<br><b>Accountant for small business</b> |
| <input type="checkbox"/> Community member or advocate                            | <input type="checkbox"/> Labor union   |
| <input checked="" type="checkbox"/> Community-based organization                 | <input type="checkbox"/> Law   |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private  |
| <input checked="" type="checkbox"/> Finance                                      | <input type="checkbox"/> Payer: public   |
|  | <input type="checkbox"/> Provider: federally qualified health center   |

- ☒ Provider: hospital and/or health system
- ☐ Provider: other
- ☐ Provider: Tribal health clinic or center
- ☐ Provider/clinic: behavioral health
- ☐ Provider/clinic: oral health
- ☐ Provider/clinic: physical health
- ☐ Public health department
- ☐ Social services
- ☐ State agency staff
- ☐ Tribal representative

## Areas of experience/expertise

- ☐ Children's health financing
- ☐ Health care advocate<sup>1</sup>
- ☐ Coverage and benefits and/or cost sharing and premiums
- ☐ Development or measurement of health-related metrics
- ☐ Employer health benefits/costs
- ☐ Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- ☐ Experience with differently abled communities (either as a community member or working with community)
- ☐ Experience with LGBTQ+ community (either as a community member or working with community)
- ☐ Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- ☐ Federal financing for health care programs and systems
- ☐ Financing health-related social needs and social determinants of health
- ☐ Health care administration
- ☒ Health care delivery system
- ☒ Health care financing<sup>2</sup>
- ☐ Health economics
- ☒ Health information technology and/or electronic medical records
- ☒ Health-care costs, value-based payments, alternative payment methodologies
- ☐ Improving health equity and eliminating health disparities
- ☐ Provider reimbursement
- ☐ Public health financing
- ☐ Recruiting, educating, and retaining the health care workforce
- ☐ Revenue goals and projections
- ☐ State financing for health care programs and systems
- ☐ Tax structures, including the impact of tax structures on equity
- ☐ Taxation and other public revenue models
- ☐ The Employee Retirement Income Security Act (ERISA)

<sup>1</sup> The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

<sup>2</sup> Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

## Questions

---

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As a country, we provide high cost services, with marginally acceptable outcomes. I know we can do better, much better. I would like to contribute to the conversation on how that occurs. I believe I have an industry perspective and a fair consumer perspective to offer.

2. Please describe your relevant experience and how it would benefit FTAC.

I have worked with healthcare finance in several capacities, all of which contribute a slightly different outlook on the industry. I have worked for a payer, a major, national nursing home provider, and a community provider. I've seen first hand some of the complications with reimbursement strategies. My current work also allows me to deeply understand our costs, and apply those to our services.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on many workgroups, informally organized to address specific problems. Typically bringing a financial perspective to the challenge. I only have limited experience with formal committees, I again have provided a financial perspective. And no experience with any governmental organization like the one I am applying to here.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am open, honest, and as a manager, skilled at exploring options to problems. I am fair minded and willing to evaluate alternate views from my own. I am a critical thinker. I analyze data on daily basis.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

☐ Yes

☒ No

6. If yes, did you receive any compensation?

☐ Yes

☐ No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

☒ Yes

☐ No

8. If yes, please explain.

I assume decisions would be expected to impact the cost of services and/or the premiums of providing those services. I would hope that we would be financially impacted either with lower premiums or better outcomes. That is, better value healthcare. But I would not be directly impacted by working on the FTAC.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

None

12. Have you ever served in the U.S. Armed Forces?

☒ Yes

☐ No

## Health equity questions

---

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.


13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have been under-employed and my family without health insurance. My adult sons have been without insurance - including my substance abuse disorder son. I have seen first hand some of the help that is available and that which is not. I have also seen how that help makes a difference. I have been fortunate to be able to get out of that situation. I would like to see everyone have the same access.

14. Please describe why health equity is important to you.

It is heart breaking to see so many good people wanting to do go work and be responsible citizens, unable to do so. I would like to see a state where people in need are able to get the help they need. The cost should be shared by those that are able afford it. I also believe that people should have a responsibility for maintaining their health. And access to resources to help them do that.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Access to health care would be a very important key to health equity. Strategies that move away from a strictly volume driven reimbursement system to one centered on quality and population health is very important. Also key are aspects of education and a living wage. The FTAC would need to consider all these complicated and intricate connections to make access to health care the right that it is rather than a privilege for those able to make all the connections. 

## Demographic information

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As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Native Hawaiian or Pacific Islander     |
| <input type="checkbox"/> Asian                              | <input checked="" type="checkbox"/> White                        |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e           |  |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline            |

## Attestation

---

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
- ☒ Participate to the best of my ability.
- ☒ Participate in good faith in the best interest of FTAC and its charge.
- ☒ Accept the responsibilities to collaborate in developing potential recommendations.
- ☒ Respectfully engage at all times with other FTAC members.

Applicant signature:

Wayne Zack

Date:

11/28/2022

## Wayne Zack

3506 169<sup>th</sup> Street Ct. E., Tacoma WA 98446

253-301-3423

flyguy44@comcast.net

---

### PROFESSIONAL PROFILE

30 Years of healthcare finance related experience, primarily in decision support for hospitals. In addition to decision support, contributed to accounting, managed care analysis, payer contracting, and process improvement. Cheerfully provide thoughtful insights and patience to the problem solving process.

- Knowledge of healthcare finance and budgeting
- Ability to tell the story represented by the people, based on data
- Collaboratively work on developing and implementing business strategy

---

### PROFESSIONAL EXPERIENCE

MultiCare Health System, Tacoma WA

*Manager, Financial Data Systems*

2019 – current

#### Responsibilities:

Maintain relationships with current and dormant clients  
Seek process and system solutions to complex problems  
Advise clients on implementation best practices  
Provide expertise in health system cost accounting processes to keep clients current  
Integrate and reconcile patient data  
Document work to support hours billed to clients  
Managed multiple projects simultaneously

---

IDEA Consulting Group, Tacoma WA

*Senior Consultant*

2010 – 2019

#### Responsibilities:

Maintain relationships with current and dormant clients  
Seek process and system solutions to complex problems  
Advise clients on implementation best practices  
Provide expertise in health system cost accounting processes to keep clients current  
Integrate and reconcile patient data  
Document work to support hours billed to clients  
Managed multiple projects simultaneously

---

MultiCare Health System, Tacoma WA

*Manager, Financial Data Systems*

2005 – 2010

**Responsibilities:**

- Managed staff of five data and financial analysts
- Maintain availability of accurate data for analytics team
- Monthly, Quarterly, and Annual financial reporting
- Manage relationships with service providers and user community

MultiCare Health System, Tacoma WA

*Financial Analyst(Managed Care, Operations Improvement, Decision Support)*

1996 – 2005

**Responsibilities:**

- Collect data, synthesize results, report clearly and concisely
- Maintain clear communications between team, management, and users
- Identify opportunities for improved operations and persuade decision makers of merit
- Manage projects to make appropriate use of resources within stated timelines

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Hillhaven Corporation, Tacoma WA *Senior Accountant* 1991 - 1996

Washington Health Services, Bellevue WA *Accountant* 1987 - 1991

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**EDUCATION**

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Troy University, Troy AL

Master of Science Management – Healthcare Management

The Evergreen State College, Olympia WA

Bachelors of Arts – Liberal Studies focused on Business Management

1985

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# 2023 Meeting schedules

## Tab 8

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STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

The following is the schedule of regular meetings for the Washington State Health Care Authority's Universal Health Care Commission for 2023:

Date	Time	Location
February 9, 2023	2:00-4:00p.m.	Zoom
April 11, 2023	2:00-4:00 p.m.	To be determined
June 13, 2023	2:00-4:00 p.m.	To be determined
August 10, 2023	2:00-4:00 p.m.	To be determined
October 12, 2023	2:00-4:00 p.m.	To be determined
December 14, 2023	2:00-4:00 p.m.	To be determined

Unless indicated otherwise, meetings will be held at the Health Care Authority, Sue Crystal conference rooms A/B, 626 8<sup>th</sup> Avenue SE, Olympia, WA 98501.

See the Health Care Authority's Universal Health Care Commission [web page](#) to learn more about the Commission, meeting materials, and Zoom information.

If you need further information or are a person with a disability and need a special accommodation, please contact Serena Grimes, by telephone at 360-725-2030 or via email at [serena.grimes@hca.wa.gov](mailto:serena.grimes@hca.wa.gov).

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: December 02, 2022**

**TIME: 1:40 PM**

**WSR 22-24-064**



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

The following is the schedule of regular meetings for the Washington State Health Care Authority's Universal Health Care Commission's Finance Technical Advisory Committee for 2023:

<b>Date</b>	<b>Time</b>	<b>Location</b>
January 12, 2023	2:00-4:00p.m.	Zoom
March 9, 2023	3:00-5:00 p.m.	To be determined
May 11, 2023	3:00-5:00 p.m.	To be determined
July 13, 2023	2:00-4:00 p.m.	To be determined
September 14, 2023	2:00-4:00 p.m.	To be determined
November 9, 2023	2:00-4:00 p.m.	To be determined

Unless indicated otherwise, meetings will be held at the Health Care Authority, Sue Crystal conference rooms A/B, 626 8<sup>th</sup> Avenue SE, Olympia, WA 98501.

See the Health Care Authority's Universal Health Care Commission's Finance Technical Advisory Committee [web page](#) to learn more about the Committee, meeting materials, and Zoom information.

If you need further information or are a person with a disability and need a special accommodation, please contact Serena Grimes, by telephone at 360-725-2030 or via email at [serena.grimes@hca.wa.gov](mailto:serena.grimes@hca.wa.gov).

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**DATE: December 02, 2022**

**TIME: 1:45 PM**

**WSR 22-24-065**