

AGENDA

Public Employees Benefits Board

1:00 – 3:00 p.m.

Health Care Authority
Sue Crystal Center
676 Woodland Square Loop Southeast
Lacey, Washington
Conference call-dial in 1-877-597-2663, conference ID 9771860

1:00 p.m.	Welcome and Introductions	Doug Porter	
1:05 p.m.	Approval 9/15/10 meeting minutes	Doug Porter	Action
1:10 p.m.	Board By-Laws	Melissa Burke-Cain	Discussion/Vote
1:30 p.m.	UMP Redesign Update	John Williams	Information
1:45 p.m.	Hospital Unit Cost and High Cost Center Utilization and Variations in UMP	John Williams	Information
2:45 p.m.	Public Comment		
3:00 p.m.	Adjourn		

The Public Employees Benefits Board will meet October 20th, 2010 , at the Health Care Authority, Sue Crystal Center, 676 Woodland Square Loop Southeast, Lacey, Washington. The board will consider all matters on the agenda plus any items that may normally come before them.

This notice is pursuant to the requirements of the Open Public Meeting Act, Chapter 42.30 RCW.

Direct e-mail to: board@hca.wa.gov

Materials posted at: <http://www.pebb.hca.wa.gov/board/>

PEBB BOARD BY-LAWS**ARTICLE I****The Board and its Members**

1. Board Function—The Public Employee Benefits Board (hereinafter “the PEBB” or “Board”) is created pursuant to RCW 41.05.055 within the Health Care Authority; the PEBB’s function is to design and approve insurance benefit plans for State employees and school district employees.
2. Staff—Health Care Authority staff shall serve as staff to the Board.
3. Appointment—The Members of the Board shall be appointed by the Governor in accordance with RCW 41.05.055. Board members shall serve two-year terms. A Member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.
4. Non-Voting Members—Until there are no less than twelve thousand school district employee subscribers enrolled with the authority for health care coverage, there shall be two non-voting Members of the Board. One non-voting Member shall be the Member who is appointed to represent an association of school employees. The second non-voting Member shall be designated by the Chair from the four Members appointed because of experience in health benefit management and cost containment.
5. Privileges of Non-Voting Members—Non-voting Members shall enjoy all the privileges of Board membership, except voting, including the right to sit with the Board, participate in discussions, and make and second motions.
6. Board Compensation—Members of the Board shall be compensated in accordance with RCW [43.03.250](#) and shall be reimbursed for their travel expenses while on official business in accordance with RCW [43.03.050](#) and [43.03.060](#).

ARTICLE II**Board Officers and Duties**

1. Chair of the Board—The Health Care Authority Administrator shall serve as Chair of the Board and shall preside at all meetings of the Board and shall have all powers and duties conferred by law and the Board’s By-laws. If the Chair cannot attend a regular or special meeting, he or she shall designate a Chair Pro-Tem to preside during such meeting.
2. Other Officers—(reserved)

ARTICLE III
Board Committees

(RESERVED)

ARTICLE IV
Board Meetings

1. Application of Open Public Meetings Act—Meetings of the Board shall be at the call of the Chair and shall be held at such time, place, and manner to efficiently carry out the Board's duties. All Board meetings, except executive sessions *as permitted by law*, shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.
2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings for adoption by the Board. The schedule of regular Board meetings, and any changes to the schedule, shall be filed with the State Code Reviser's Office in accordance with RCW 42.30.075. The Chair may cancel a regular Board meeting at his or her discretion, including the lack of sufficient agenda items. The Chair may call a special meeting of the Board at any time and proper notice must be given of a special meeting as provided by the Open Public Meetings Act, RCW 42.30.
3. No Conditions for Attendance—A member of the public is not required to register his or her name or provide other information as a condition of attendance at a Board meeting.
4. Public Access—Board meetings shall be held in a location that provides reasonable access to the public including the use of accessible facilities.
5. Meeting Minutes and Agendas—The agenda for an upcoming meeting shall be made available to the Board and the interested members of the public at least 10 days prior to the meeting date or as otherwise required by the Open Public Meetings Act. Agendas may be sent by electronic mail and shall also be posted on the HCA website. Minutes summarizing the significant action of the Board shall be taken by a member of the HCA staff during the Board meeting, and an audio recording (or other generally-accepted) electronic recording shall also be made. The audio recording shall be reduced to a verbatim transcript within 30 days of the meeting and shall be made available to the public. The audio tapes shall be retained for six (6) months. After six (6) months, the written record shall become the permanent record. Summary minutes shall be provided to the Board for review and adoption at the next board meeting.
6. Attendance—Board members shall inform the Chair with as much notice as possible if unable to attend a scheduled Board meeting. Board staff preparing the minutes shall record the attendance of Board Members at the meeting for the minutes.

ARTICLE V
Meeting Procedures

1. Quorum— Five voting members of the Board shall constitute a quorum for the transaction of business. No final action may be taken in the absence of a quorum. The Chair may declare a meeting adjourned in the absence of a quorum necessary to transact business.
2. Order of Business—The order of business shall be determined by the agenda.
3. Teleconference Permitted— A Member may attend a meeting in person or, by special arrangement and advance notice to the Chair, A Member may attend a meeting by telephone conference call or video conference when in-person attendance is impracticable.
4. Public Testimony—The Board actively seeks input from the public at large, from enrollees served by the PEBB Program, and from other interested parties. Time is reserved for public testimony at each regular meeting, generally at the end of the agenda. At the direction of the Chair, public testimony at board meetings may also occur in conjunction with a public hearing or during the board's consideration of a specific agenda item. The Chair has authority to limit the time for public testimony, including the time allotted to each speaker, depending on the time available and the number of persons wishing to speak.
5. Motions and Resolutions—All actions of the Board shall be expressed by motion or resolution. No motion or resolution shall have effect unless passed by the affirmative votes of a majority of the Members present and eligible to vote, or in the case of a proposed amendment to the By-laws, a 2/3 majority of the Board .
6. Representing the Board's Position on an Issue—No Member of the Board may endorse or oppose an issue purporting to represent the Board or the opinion of the Board on the issue unless the majority of the Board approve of such position.
7. Manner of Voting—On motions, resolutions, or other matters a voice vote may be used. At the discretion of the chair, or upon request of a Board Member, a roll call vote may be conducted. Proxy votes are not permitted.
8. Parliamentary Procedure—All rules of order not provided for in these By-laws shall be determined in accordance with the most current edition of Robert's Rules of Order [RONR]. Board staff shall provide a copy of *Robert's Rules* at all Board meetings.
9. Civility—While engaged in Board duties, Board Members conduct shall demonstrate civility, respect and courtesy toward each other, HCA staff, and the public and shall be guided by fundamental tenets of integrity and fairness.
10. State Ethics Law—Board Members are subject to the requirements of the Ethics in Public Service Act, Chapter 42.52 RCW.

ARTICLE VI

Amendments to the By-Laws and Rules of Construction

1. Two-thirds majority required to amend—The PEBB By-laws may be amended upon a two-thirds (2/3) majority vote of the Board.
2. Liberal construction—All rules and procedures in these By-laws shall be liberally construed so that the public's health, safety and welfare shall be secured in accordance with the intents and purposes of applicable State laws and regulations.

D*R*A*F*T
Public Employees Benefits Board
Meeting Minutes

September 15th, 2001
Health Care Authority
Sue Crystal Center
Olympia, WA 98504
1:00 p.m. to 3:00 p.m.

Members Present:

Board Members Present: Greg Devereux, Gwen Rench, Lee Ann Prielipp, Margaret Stanley, Harry Bossi, Phil Karlberg, Melissa Burke-Cain, Eva Santos served as chair for the meeting

Members Absent:

Absent: Doug Porter, Chair and Yvonne Tate.

Call to Order

Eva Santo, Chair, called the meeting to order at 1:30. Sufficient members were present to allow a quorum. Audience and board self-introductions followed.

Approval of August 18th, 2010 PEBB Meeting Minutes

It was moved and seconded to approve the August 18th, 2010, PEBB Board meeting minutes. Minutes approved by unanimous vote.

It was acknowledged that the meeting was informational only and that no voting was needed or required.

Board By-Laws

- Melissa Burke-Cain brought and shared the PEB Board By-Laws and requested that members review those and provide comments and any change recommendations directly to her, melissab@atg.wa.gov. Board members are also encouraged to bring the by-laws to each meeting.
- Melissa Burke-Cain shared that HCA was a defendant in a class action lawsuit related to neurodevelopment therapy benefits covered by PEBB, currently in the discovery phase.

UMP Active Retiree Comparison

UMP Presentation by Elizabeth James, Pharm D, PhD, Associate Pharmacy Director.
Questions from the Board:



- Question (Margaret Stanley): Is Oral Chemotherapy covered by Medicare Part B?
- Question (Harry Bossi): Should PEBB study the retiree premium components to see if there was potential to give retirees another option such that they could enroll in UMP for medical only and Part D separately as a way to save them money?
- Question (Margaret Stanley): How is risk adjustment performed and what risk pools are used? Tim Smolen provided a detailed response on the risk pool in the Medicare and non-Medicare members.
- Comment (Harry Bossi): It would be helpful to understand the benchmarks within other state purchasers and going forward using Regence's BOB both in Washington and Regionally.
- Comment (Margaret Stanley): Suggested we use Milliman to try and influence a bigger part of the market.
- Question (Harry Bossi): Asked about the % of total member share.
- Comment (Margaret Stanley): Stated that it was an excellent presentation and asked that Regence provide a presentation about what their plans are for the UMP in 2011.
- Question (Phil Karlberg): Is the consolidating of plans going to result in savings? For example, Aetna PEP going away.
- Response (Tim Smolen): Two rates were developed initially waiting for the decision about Aetna PEP in 2011, one with Aetna PEP and one without, so the consolidation was already factored in. In addition, John is working with Milliman on the development of the Medicare loss ratio.
- Comment (Margaret Stanley): Suggested that we look at orthopedic procedures and the appropriateness of care with the knowledge of overuse in the local community.
- Next meeting, hospital spend, both in and outpatient and review the by-laws.
- November Regence will provide a presentation on the plans for UMP.
- Comment (Margaret Stanley): Suggested that the employers go to the table with plans when negotiating with hospitals.

Meeting closed.

Public Comment

No public comment received.

The meeting was adjourned.

Respectfully submitted,

Eva Santos

Presentation to the Public Employees
Benefits Board

October 20, 2010

HOSPITAL COST VARIATION
2009 UMP NON-MEDICARE POPULATION

Outline

2

- PEB Value Proposition revisited
- Core Issue: Variation
- Distribution of hospital costs, utilization & membership
- Inpatient hospital evaluation data
- Outpatient hospital evaluation data
- Hospital quality measures
- Areas of Unique Interest
- Discussion

PEB Value Proposition

3

- Value is measured as the quality achieved for the money expended

$$\text{Value} = \frac{\text{Quality}}{\text{Expenditures}}$$

- The PEB Program strives to provide health plan members the highest quality health care services that can be purchased within the funding level provided by participating employers.

The Core Issue: Variation

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- ❖ For any one member there are alternate lifestyle choices
- ❖ For any one product there are alternate uses
- ❖ For any one condition there are alternate treatments
- ❖ For any one treatment or product there are alternate prices

The Problem: Unwarranted Variation

5

- ❖ **Substantial opportunity to improve value by removing unwarranted variation:**

PAY FOR WITH FEW LIMITATIONS:

Necessary care - proven most appropriate and highest value due to severity or nature of condition

PAY FOR UNDER SPECIFIED CONDITIONS:

Preference sensitive care - at least two valid alternative treatments are available that involve trade-offs

DON'T PAY FOR:

Potentially avoidable care/supply sensitive care – cannot be explained by illness or need, the dictates of evidence based medicine, or patient preferences (“if we pay, they will come”)

Key Questions

6

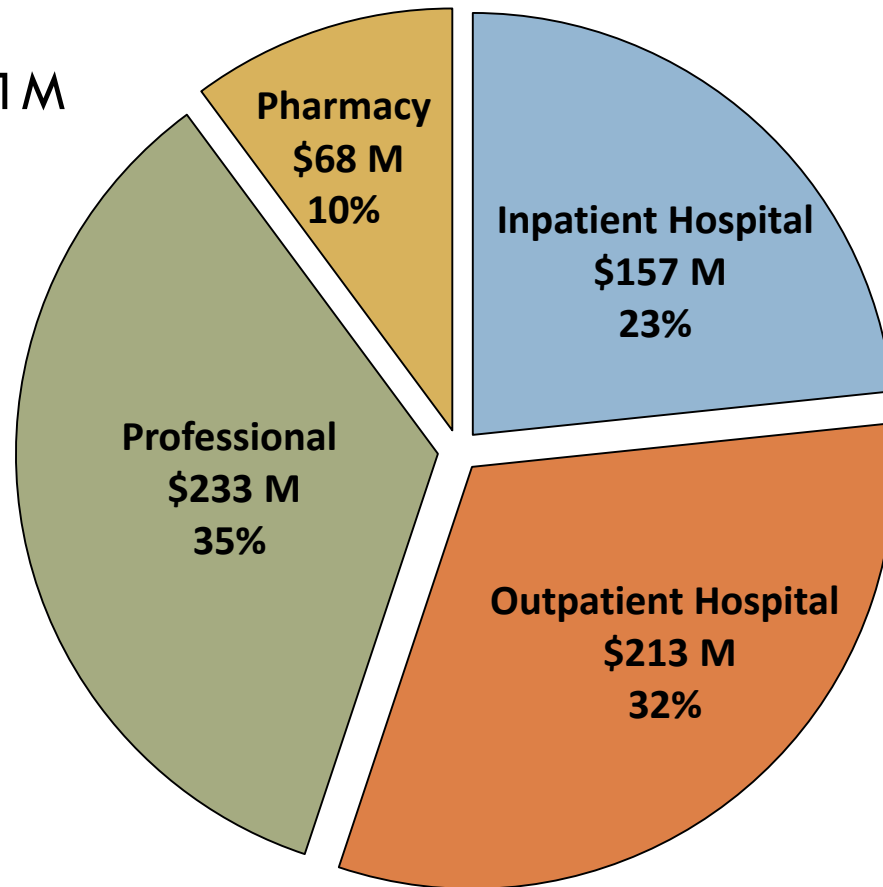
1. Is there unwarranted variation among UMP hospitals?
2. If there is unwarranted variation, what degree of opportunity exists to reduce it?

2009 UMP Hospital Expenditures

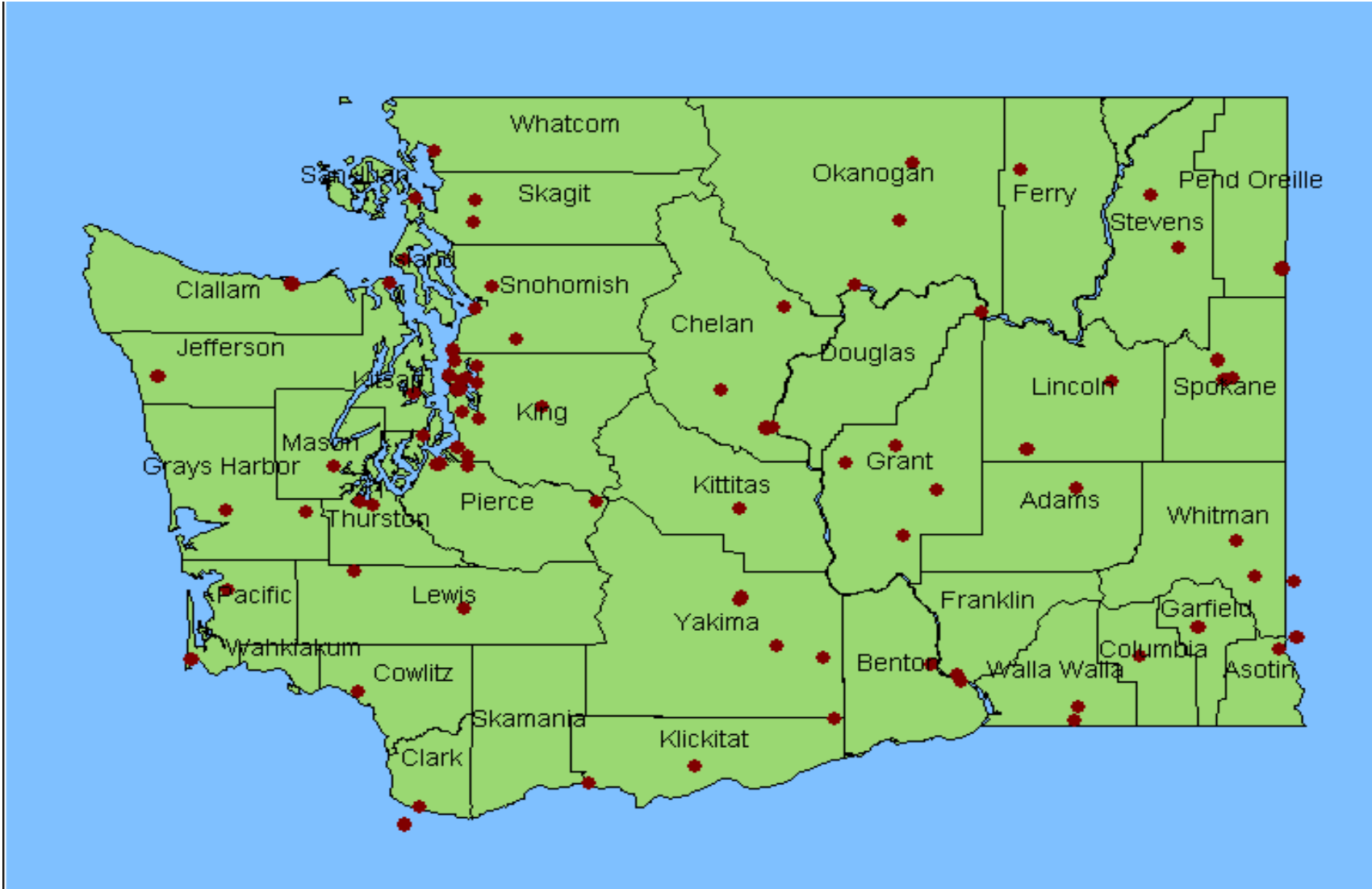
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Washington State Network Providers and Facilities

2009 Total = \$671 M

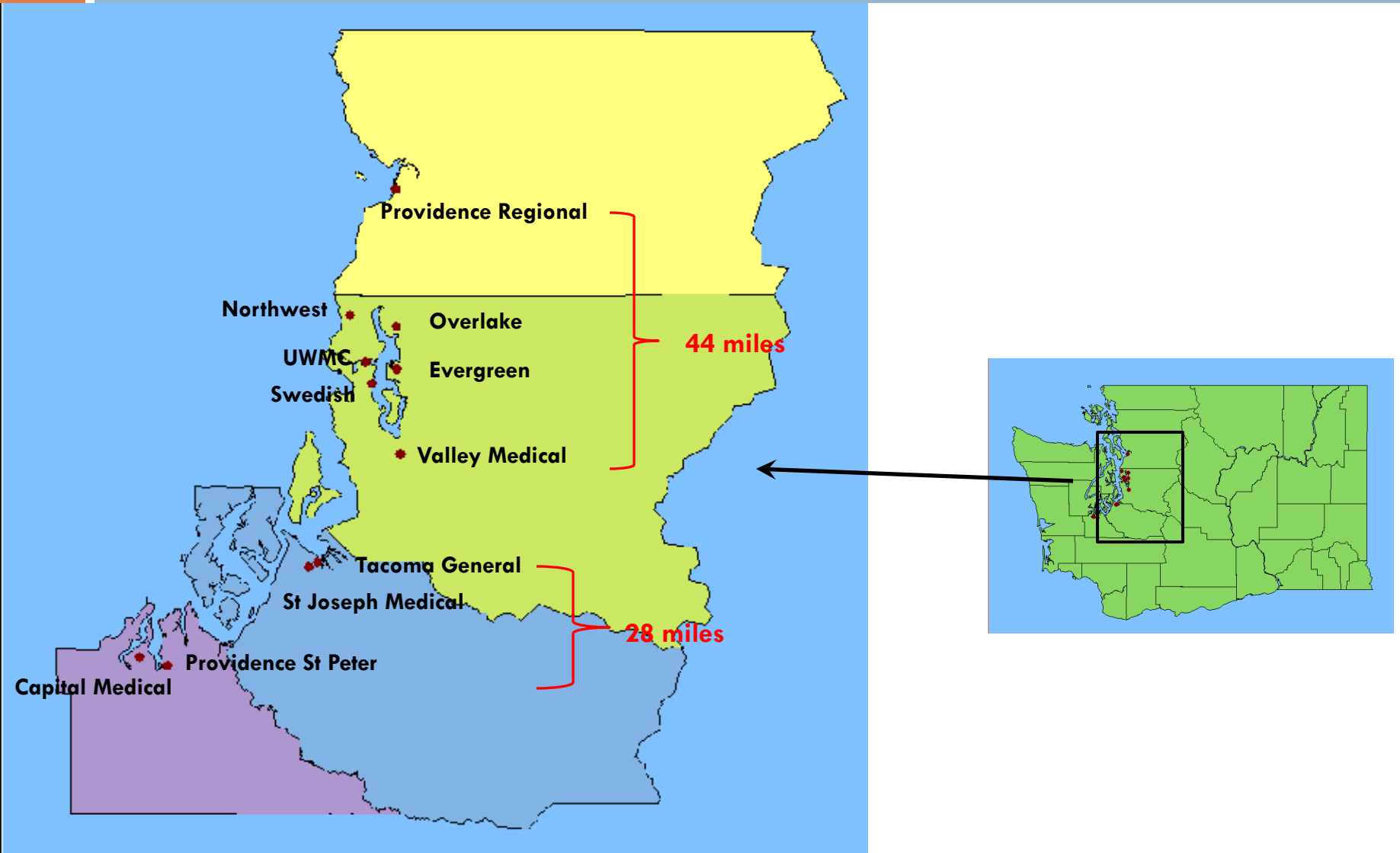


Map of UMP Contracted Hospitals



Map of Selected Hospitals

9



Hospitals Evaluated

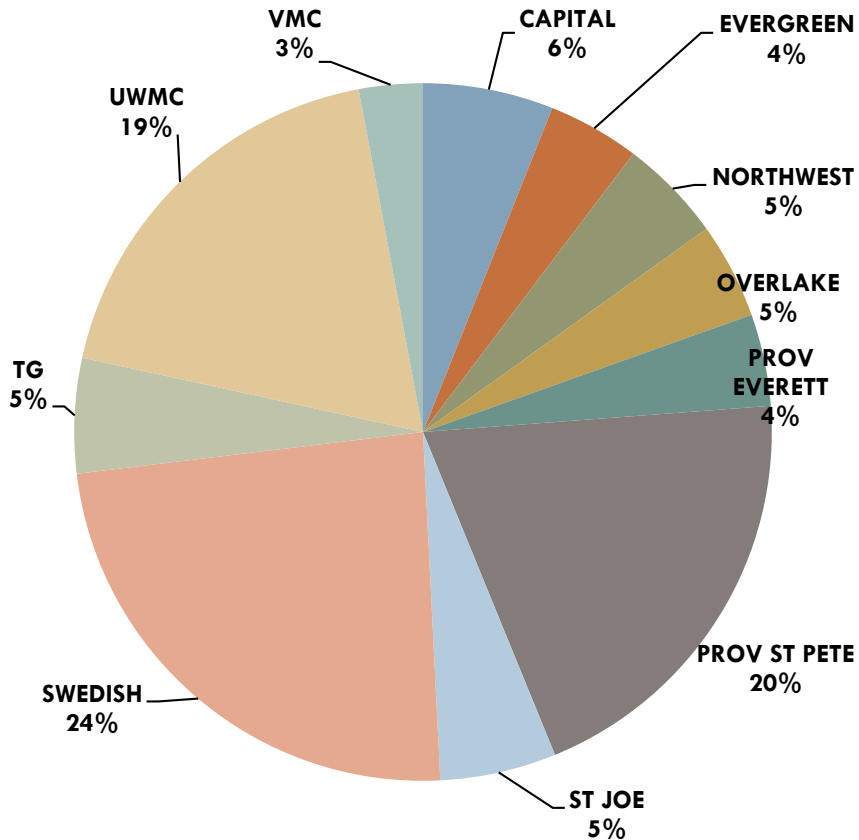
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1. Capital Medical Center (Capital)
2. Evergreen Hospital (Evergreen)
3. Northwest Hospital (Northwest)
4. Overlake Hospital Medical Center (Overlake)
5. Providence Regional Medical Center - Everett (Prov Everett)
6. Providence St. Peter Hospital (Prov St Pete)
7. St. Joseph Medical Center (St Joe)
8. Swedish Medical Center (Swedish)
9. Tacoma General (TG)
10. University Of Washington Medical Center (UWMC)
11. Valley Medical Center (VMC)

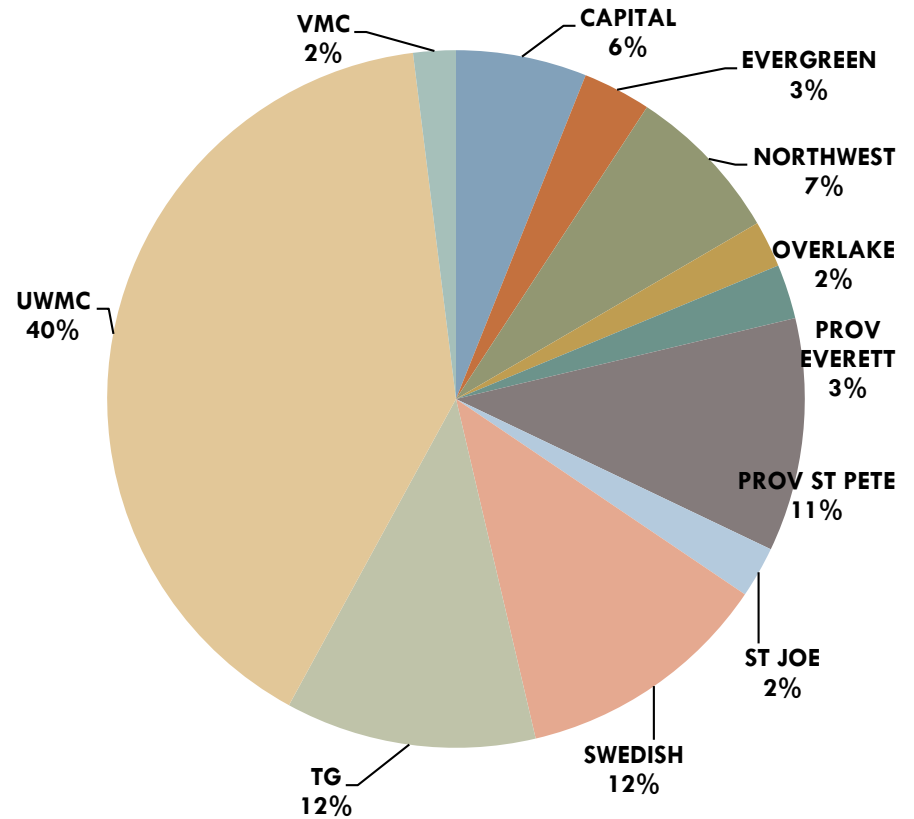
➤ These hospitals represent **55%** of the total hospital costs.

Where the money is...

2009 Inpatient



2009 Outpatient



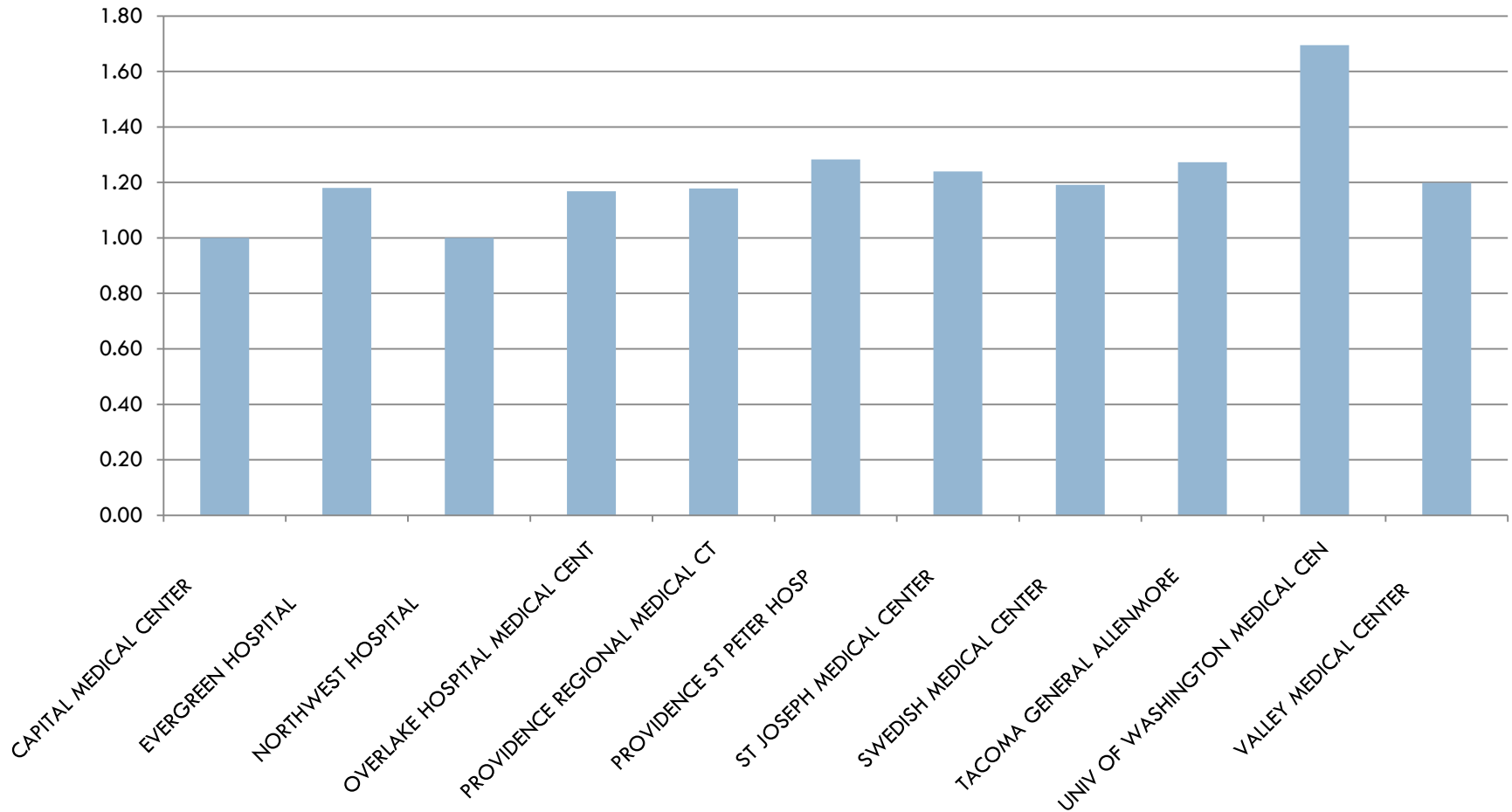
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Inpatient Hospital Evaluation

2009 UMP Non-Medicare Population

2009 Inpatient Contracted Rates

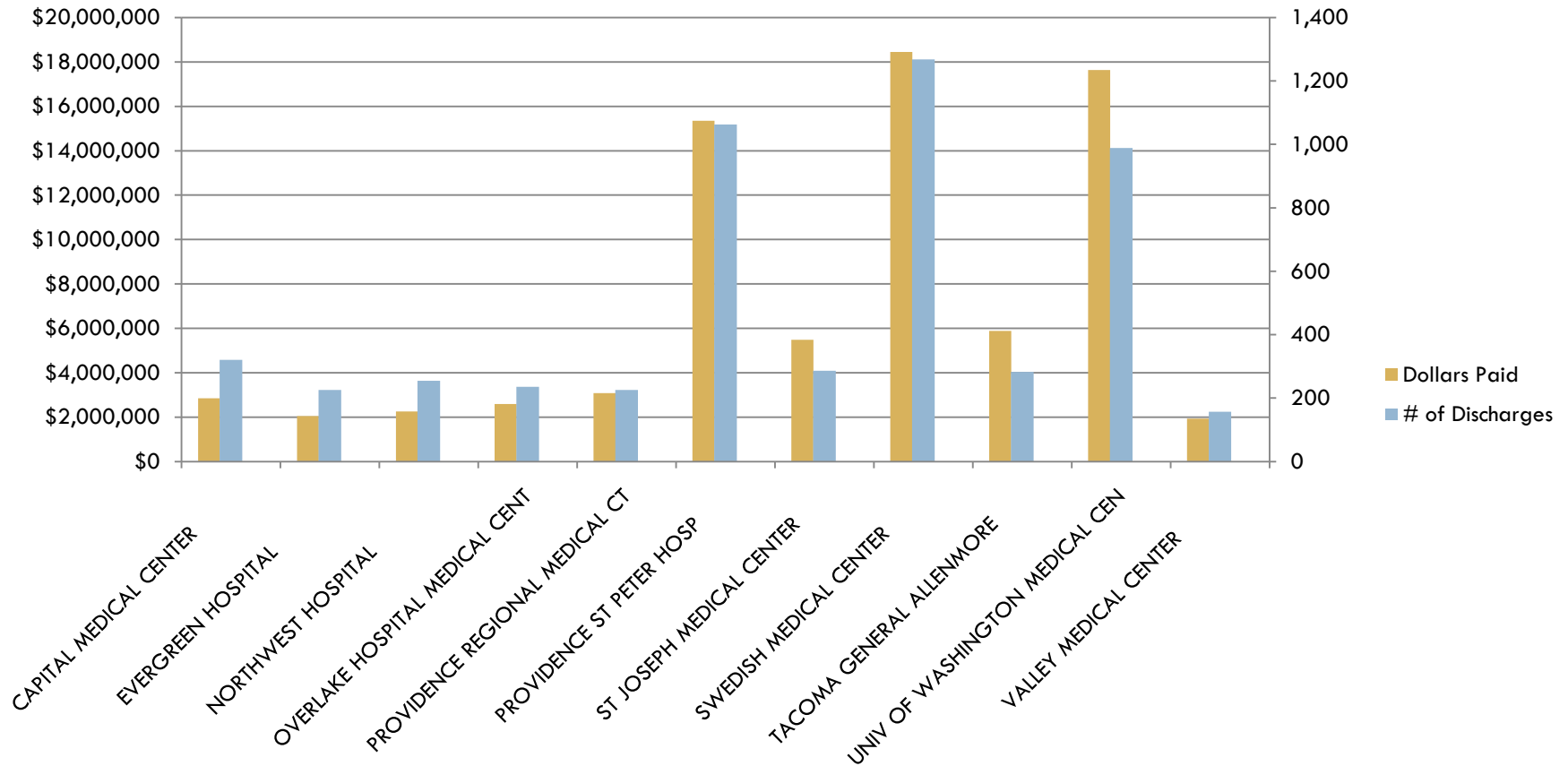
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Inpatient: Total Expenses and Discharges

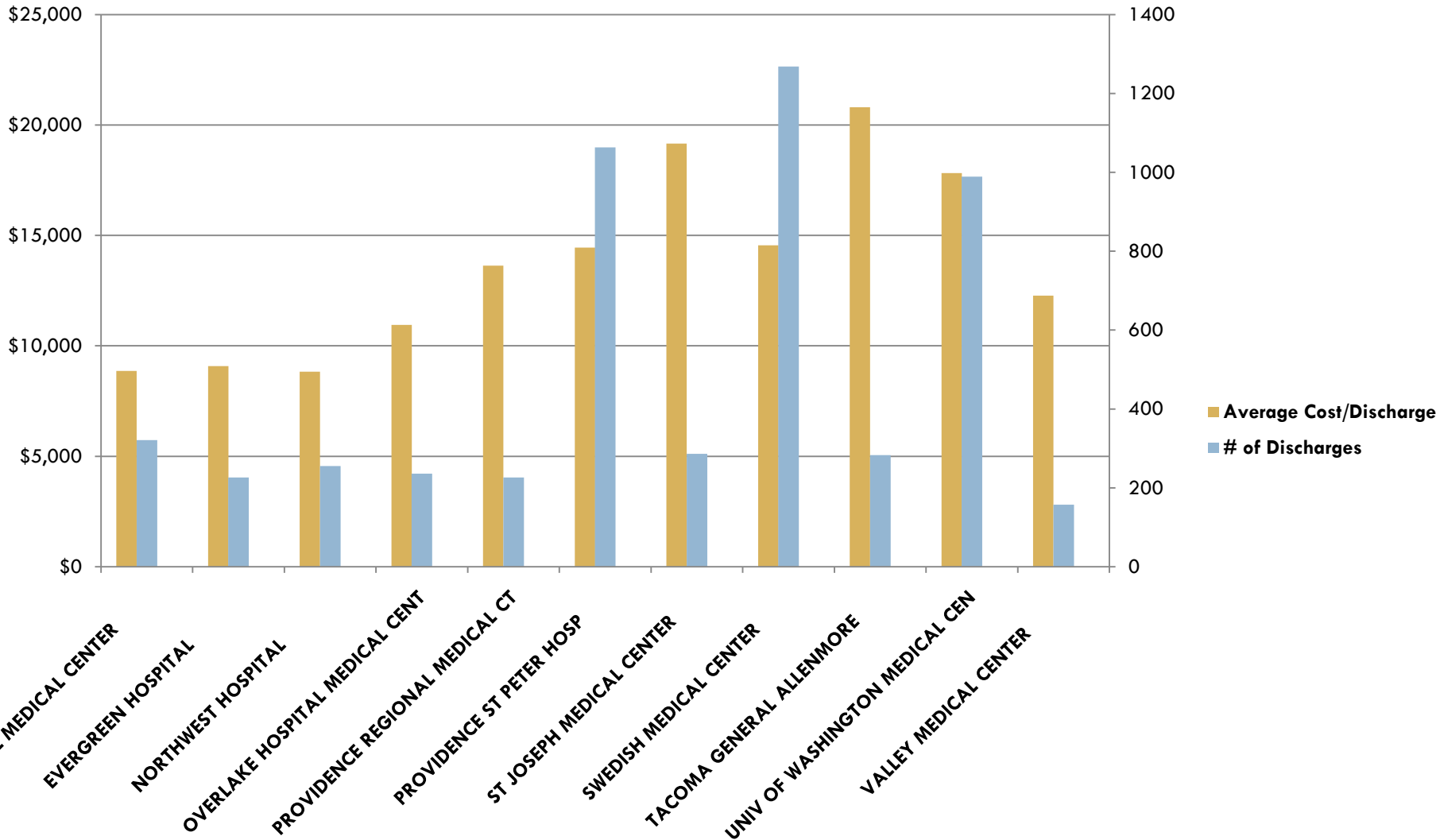
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Inpatient Dollars Paid and Utilization CY 2009



Average Cost Per Discharge & Number of Discharges

15



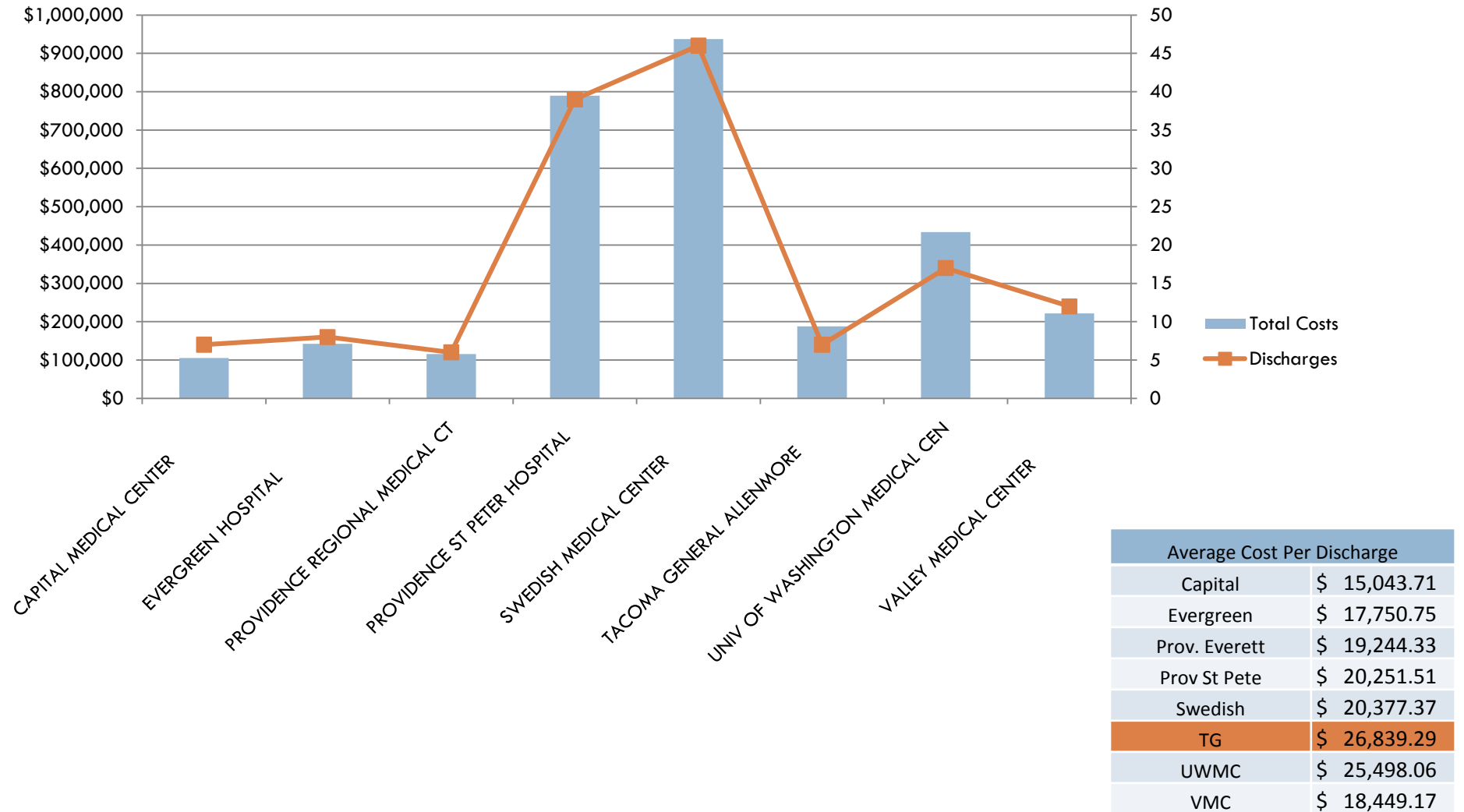
Top Inpatient Procedures by Average Cost

16

- Knee or Ankle Replacement
 - Hip Replacement
-
- Non-Cancer Female Reproductive Procedures
 - Back and Spine Procedures (excludes spinal fusions)
 - Vaginal Delivery with Complications
 - Normal Cesarean Sections

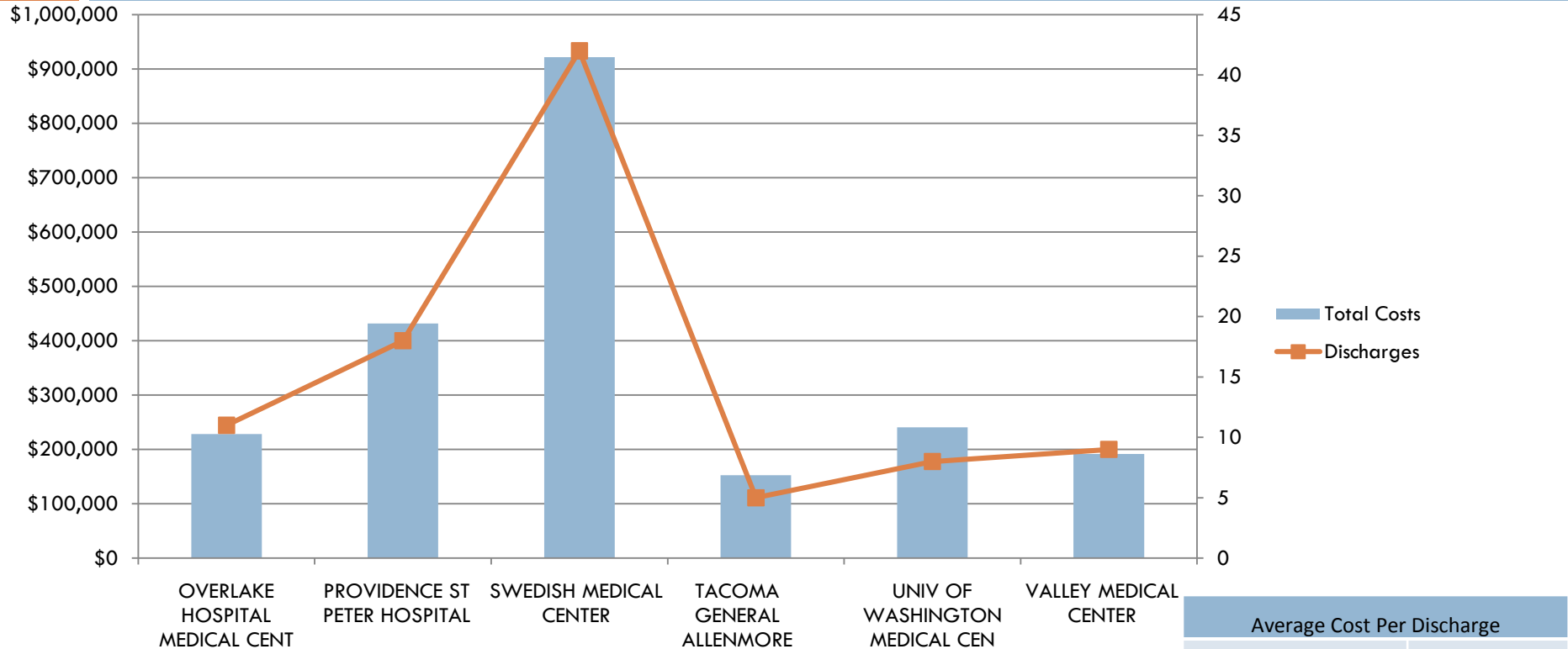
Inpatient: Knee & Ankle Replacement

17



Inpatient: Hip Replacement

18



Average Cost Per Discharge	
Overlake	\$ 20,741.91
Prov St Pete	\$ 23,989.83
Swedish	\$ 21,942.69
TG	\$ 30,558.60
UWMC	\$ 30,101.13
VMC	\$ 21,283.33

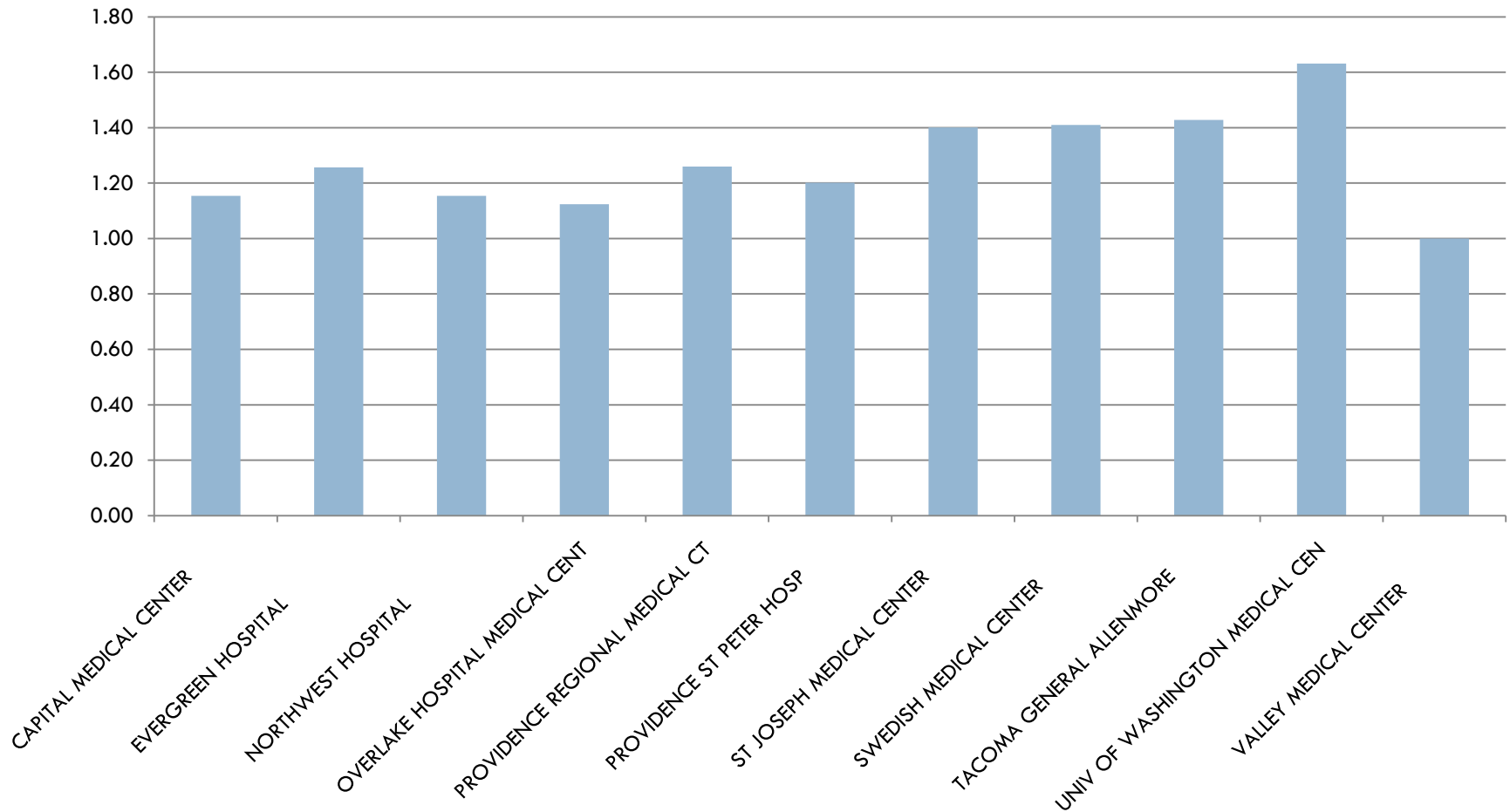
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Outpatient Hospital Evaluation

2009 UMP Non-Medicare Population

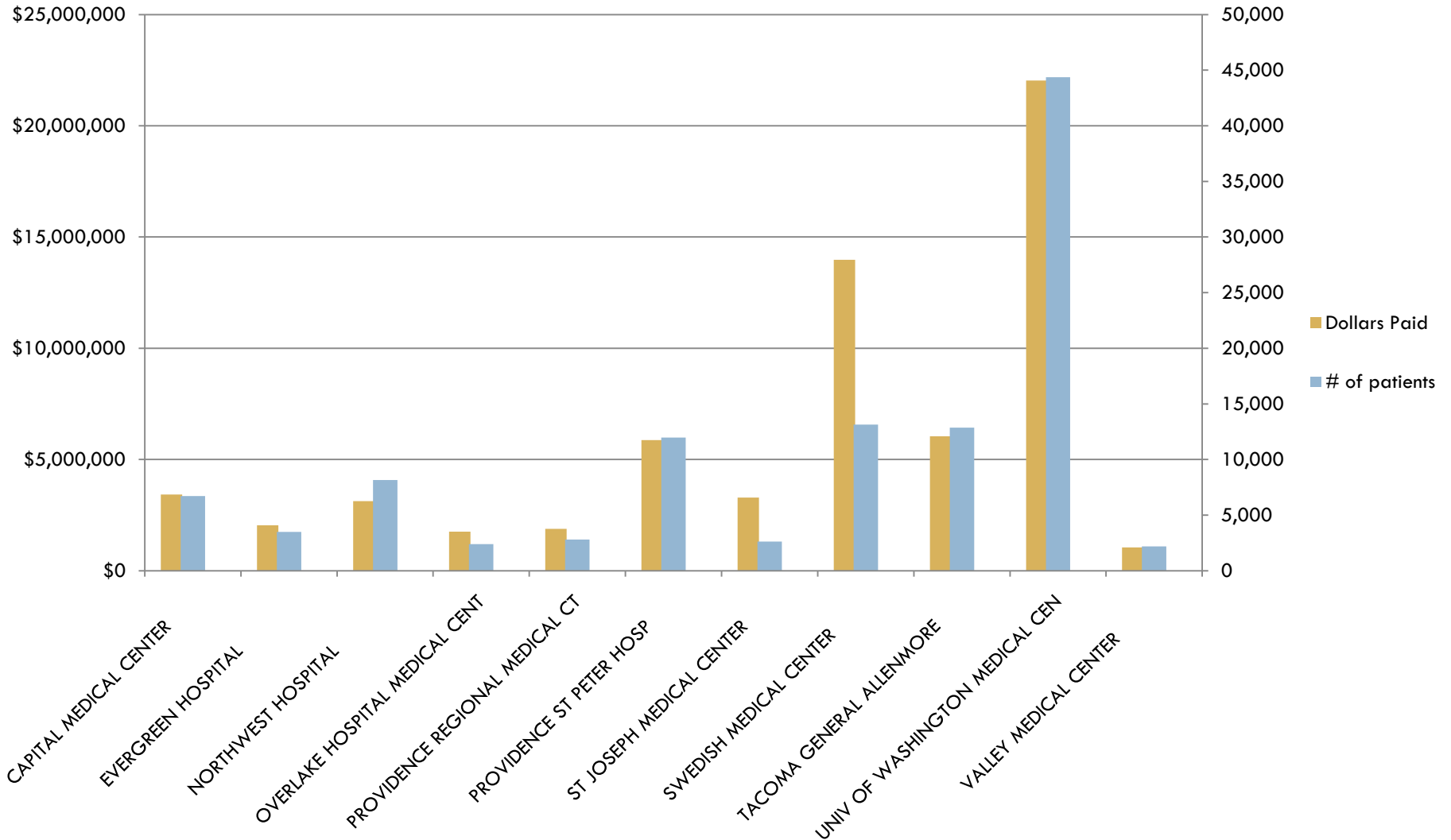
2009 Outpatient Contracted Rates

20



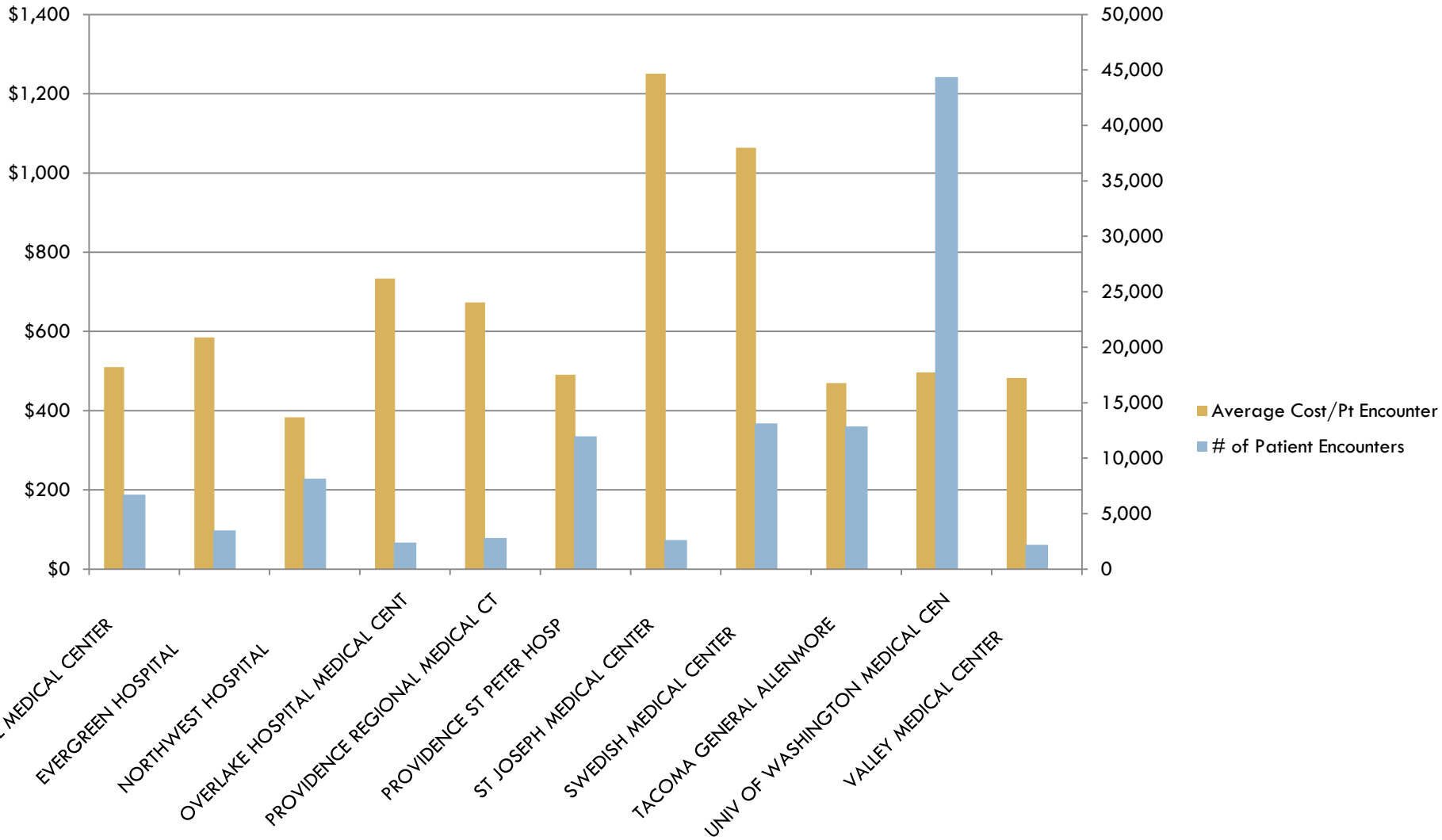
Outpatient: Total Expenses and Encounters

21



Average Cost Per Patient Encounter & Number of Patient Encounters

22



Top Outpatient Procedures by Utilization & Average Cost

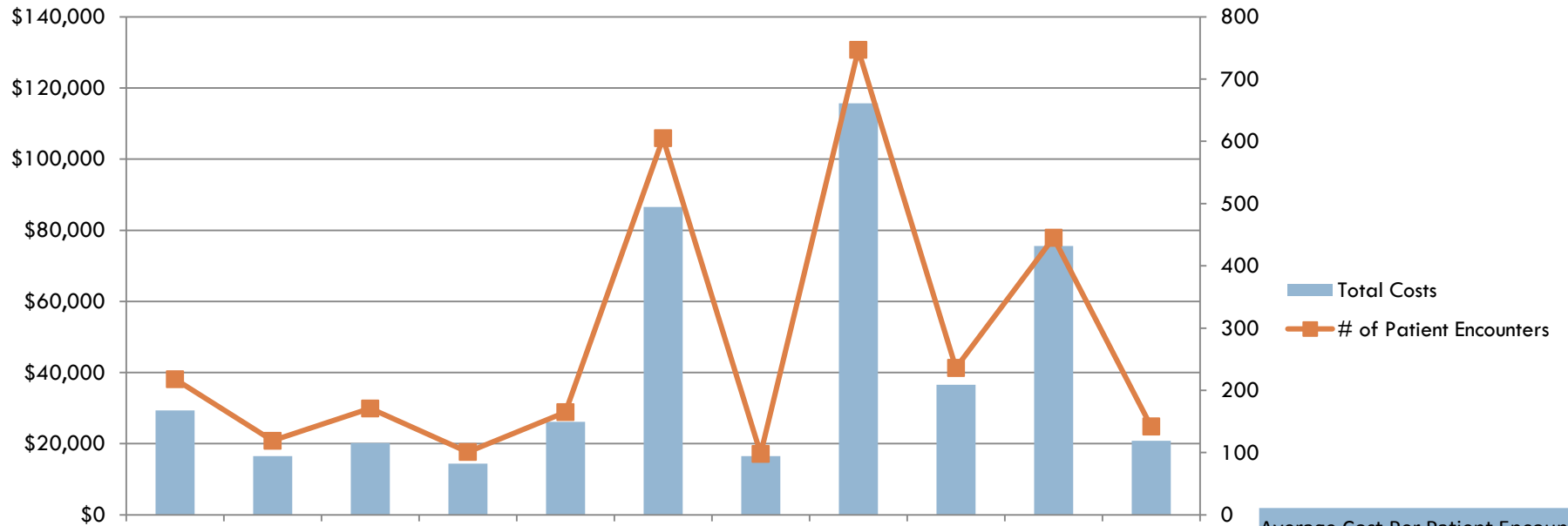
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- Chemotherapy Infusions
- ER Visits

-
- Office Visits
 - Ultrasounds
 - CT Scans
 - Colonoscopies

Outpatient: Chemotherapy Infusions

24

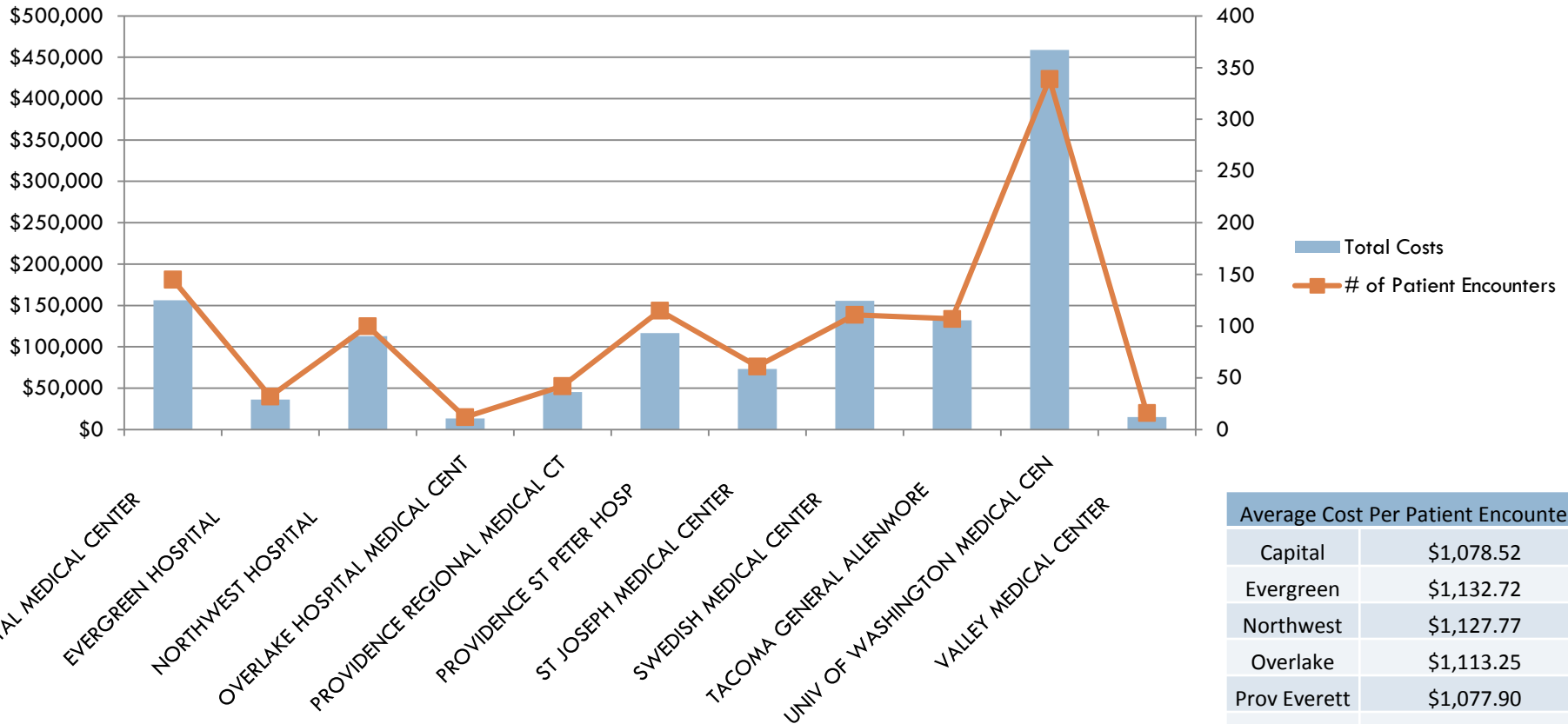


Average Cost Per Patient Encounter

Capital	\$134.69
Evergreen	\$138.74
Northwest	\$117.89
Overlake	\$142.82
Prov Everett	\$158.23
Prov St Pete	\$143.00
ST Joe	\$168.05
Swedish	\$154.88
TG	\$154.98
UWMC	\$169.83
VMC	\$146.42

Outpatient: CT Scans

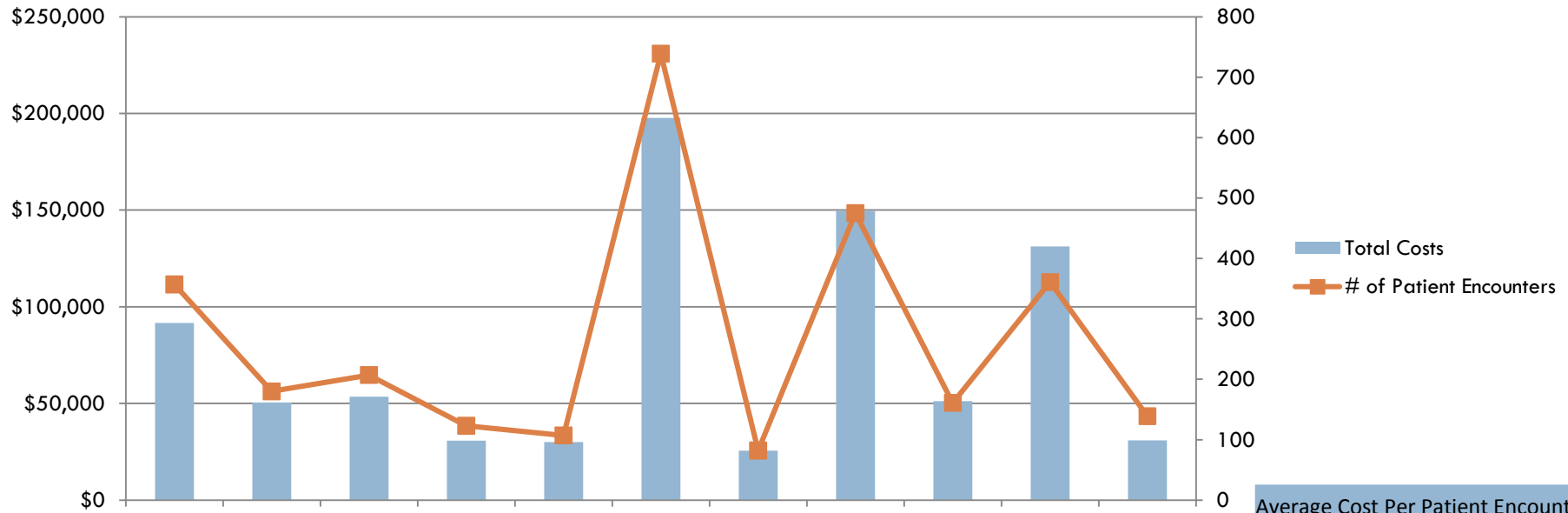
25



Average Cost Per Patient Encounter	
Capital	\$1,078.52
Evergreen	\$1,132.72
Northwest	\$1,127.77
Overlake	\$1,113.25
Prov Everett	\$1,077.90
Prov St Pete	\$1,013.78
St Joe	\$1,198.57
Swedish	\$1,401.77
TG	\$1,233.93
UWMC	\$1,353.89
VMC	\$935.31

Outpatient: ER Visits

26



Average Cost Per Patient Encounter	
Capital	\$256.64
Evergreen	\$279.99
Northwest	\$258.52
Overlake	\$250.38
Prov Everett	\$280.63
Prov St Pete	\$267.59
ST Joe	\$312.26
Swedish	\$314.92
TG	\$318.15
UWMC	\$363.66
VMC	\$222.42

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What is the Role of Quality?

PEB Value Proposition

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- Value equals the quality achieved for the money expended

$$\text{Value} = \frac{\text{Quality}}{\text{Expenditures}}$$

Quality - individual health/quality of life

- clinical outcome of treatment

- customer experience and satisfaction

What proxies for quality do we have?

29

- Readmission rates
- Hospital-acquired & post-operative infection rates
- Never event rates
- Appropriate discharge medications
- Discharge planning
- Patient experience surveys
- Patient satisfaction surveys

How is Quality Assessed Today?

30

- JCAHO: hospital accrediting body
- National Quality Forum
 - ▣ Endorses consensus guidelines for safe and effective care
 - ▣ Developed *Serious Reportable* (“Never”) *Events* list
 - ▣ Hospital Quality Alliance: measures quality and publicly reports based on NQF standards
- AHRQ: federal agency that provides clinical practice guidelines and collects data on quality and patient safety
- Leapfrog
- Medicare Peer Review Organizations: national quality audits
- COAP and SCOAP
- CAHPS, Press Ganey survey, etc.

Leapfrog Group Overview

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- **Mission:**
 - ▣ Reduce preventable medical mistakes and improve the quality and affordability of health care
 - ▣ Encourage public reporting of quality and outcomes
 - ▣ Reward doctors and hospitals for improving the quality, safety and affordability of health care
- Hospital Rewards Program uses annual data collected through the Leapfrog Hospital Survey to evaluate hospital performance
- Hospital scores are benchmarked against Leapfrog's national data set and used to calculate overall quality, resource use, and efficiency to award hospitals

Medicare Peer Review Quality Measures

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UMP Selected Hospitals

	Readmission Rating (3-star max)	Mortality Rating (3-star max)	National Rank (Percentile)
Capital Medical Center	1.5	0	45 th
Evergreen Hospital	2.5	2	55 th
Northwest Medical Center	2.5	1.5	87 th
Overlake Hospital	2	1.5	71 st
Providence Regional Medical Hospital	2	1.5	79 th
Providence St. Peter Hospital	3	1.5	62 nd
St. Joseph Medical Center	1.5	0.5	55 th
Swedish Medical Center	2	2	42 nd
Tacoma General Medical Center	2.5	1.5	35 th
University of Washington Medical Center	1.5	1.5	46 th
Valley Medical Center	2	1.5	34 th

Hospital Quality Measures rankings taken from publicly reported data.

Available at www.healthinsight.org/performance/hosp_rankings/hospitals.html

Clinical Outcomes Assessment Program (COAP)

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- Washington State initiative led by physicians in partnership with state officials and key stakeholders
- Goal: improve cardiac patient care and outcomes
- Participants: all Washington State hospitals that perform open heart surgery and other specified cardiac procedures
- Focus: mortality and other measures specific to cardiac surgeries and cardiac hospital stays
- Data: quarterly and annual reports for 31 Washington hospitals

Surgical Care & Outcomes Assessment Program (SCOAP)

34

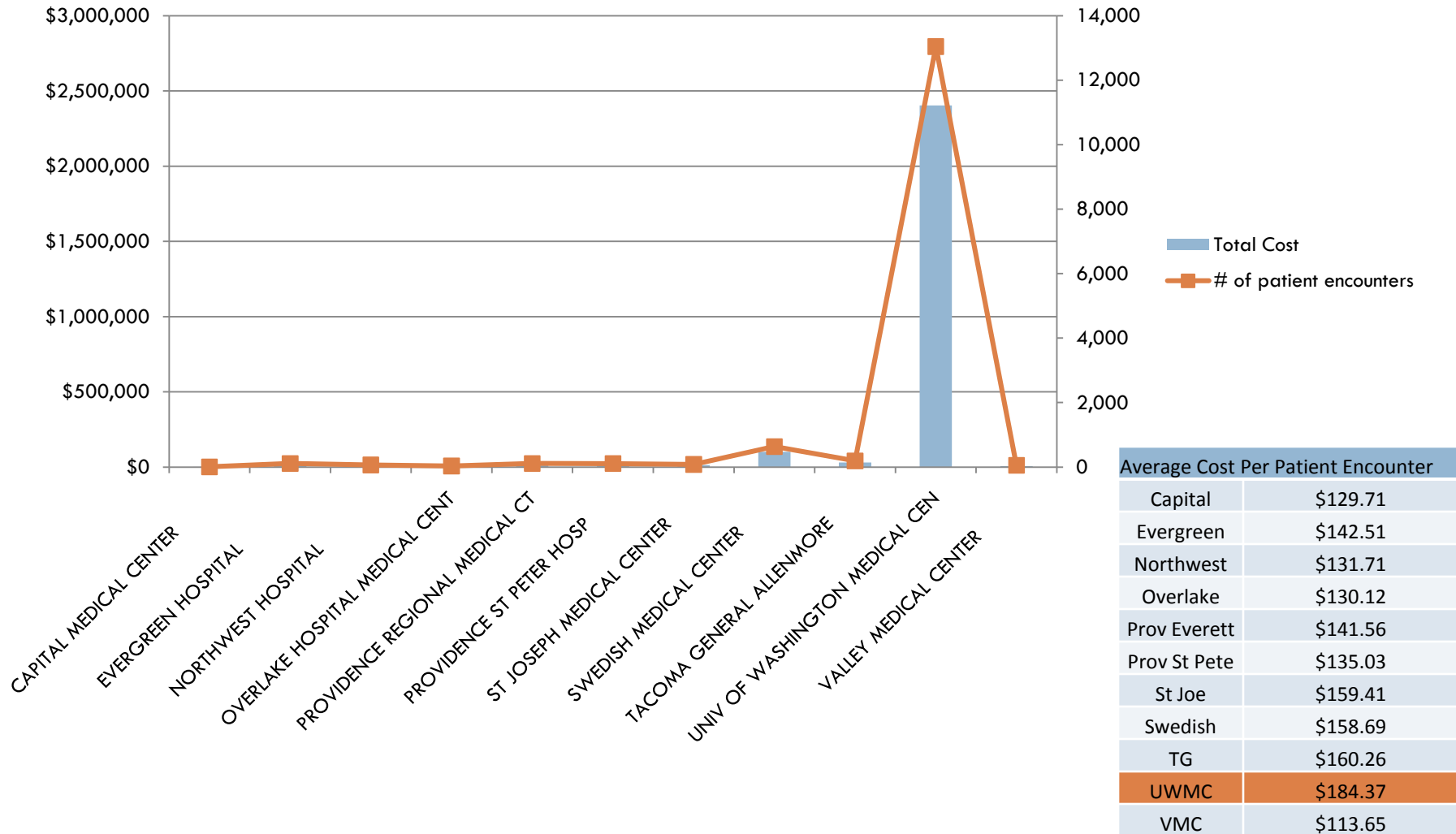
- Washington State physician-led collaboration
- Goal: improve quality by reducing variation in process of care & outcomes at every hospital
- Participants: more than 50 Washington hospitals
- Areas of focus:
 - ▣ Make surgical care more cost effective and efficient within hospitals
 - ▣ Encourage use of the collaborative's *Surgical Checklist*
- Data: surveillance data for hospitals and clinicians to see how well care is delivered
- Required to be one of HCA's Center of Excellence for Bariatric Surgery

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Areas of Unique Interest

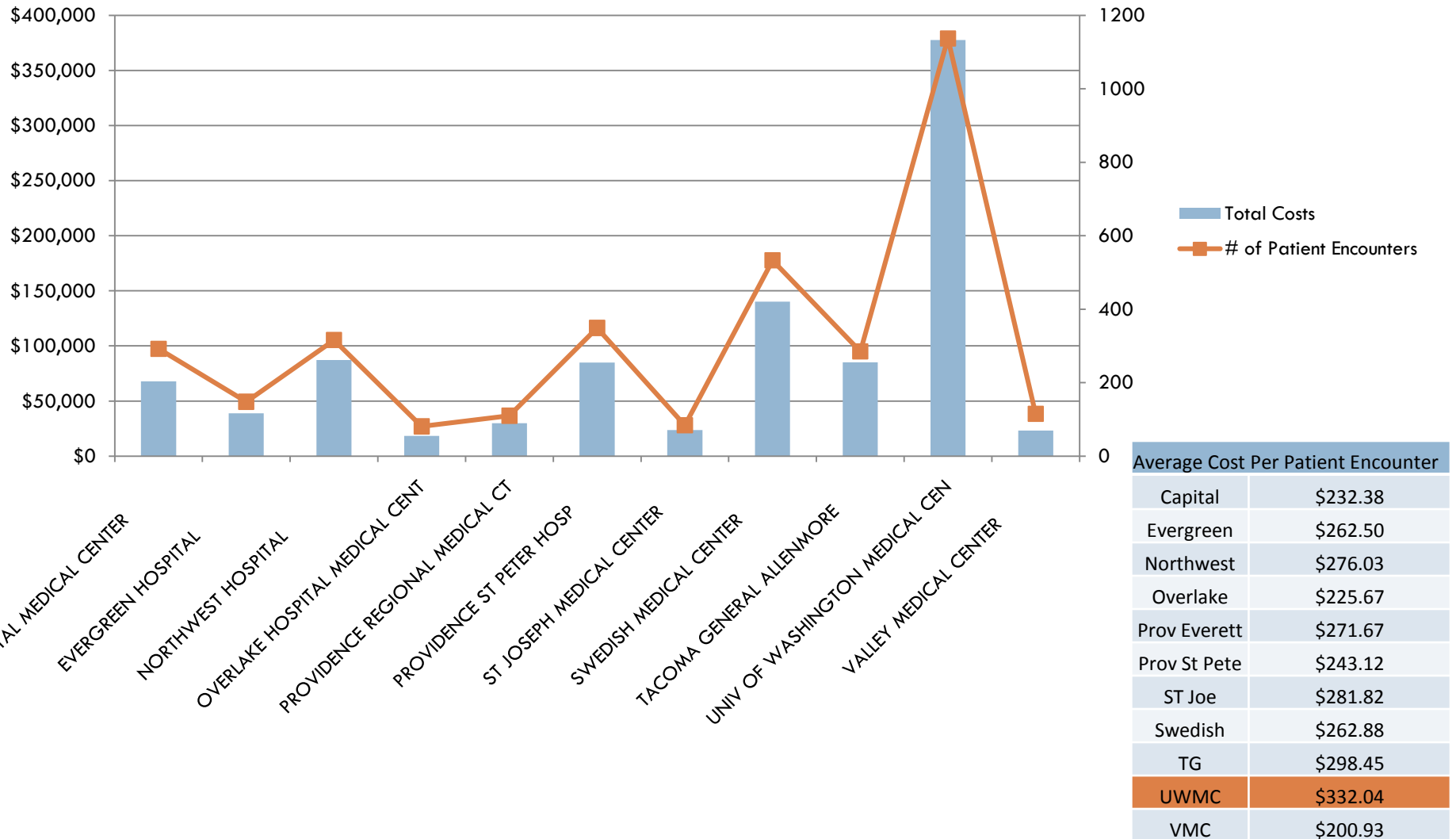
Outpatient: Office Visits

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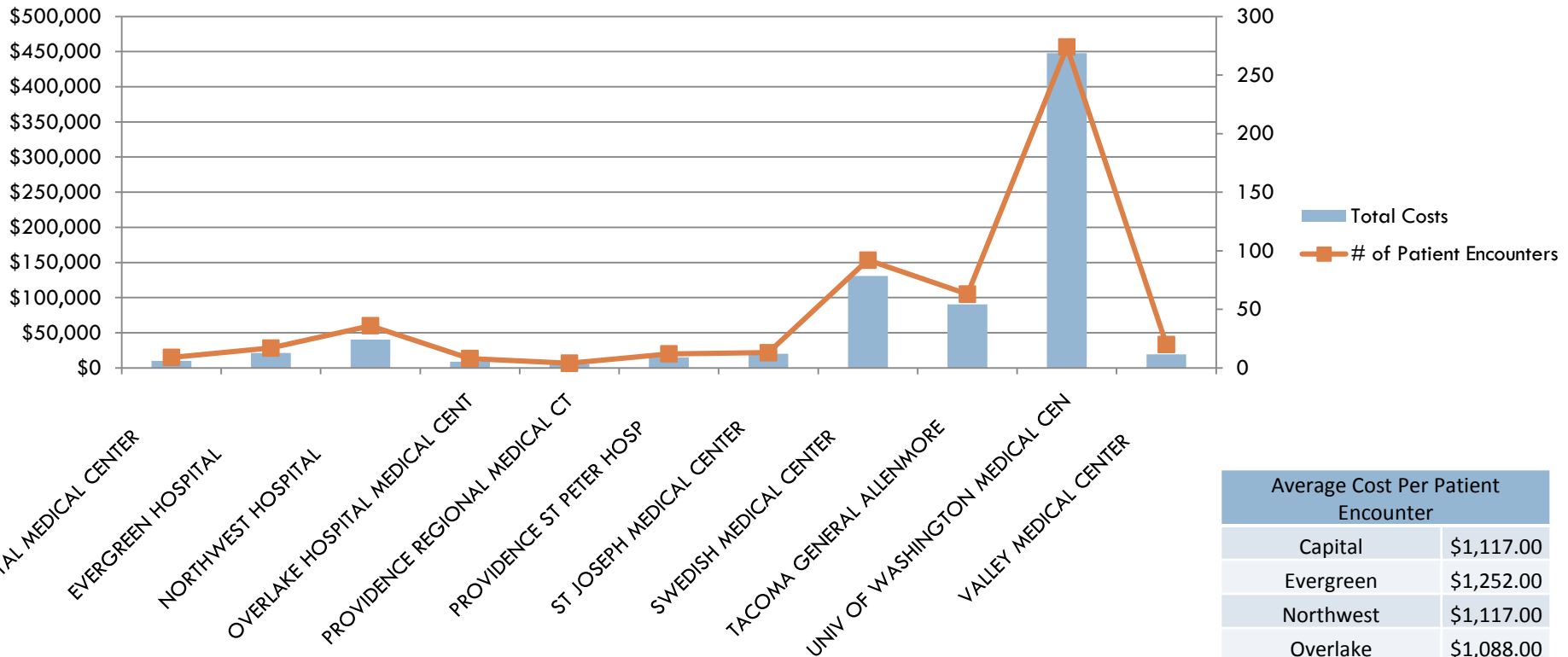
Outpatient: Ultrasounds

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Outpatient: Colonoscopies

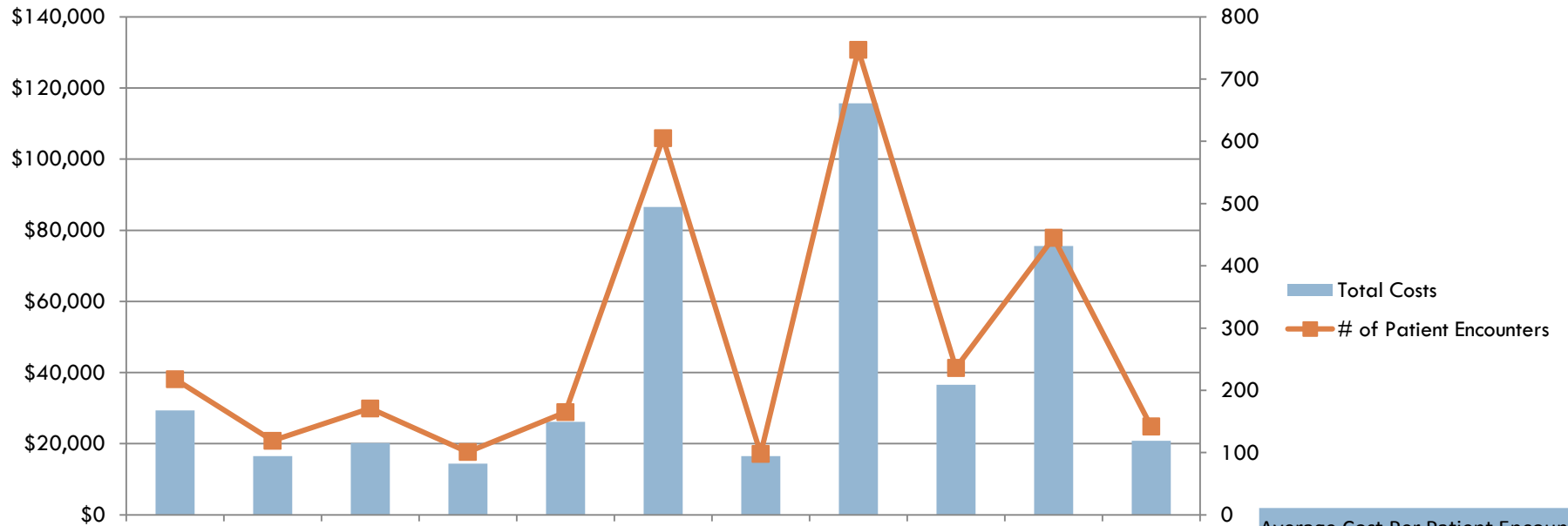
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Average Cost Per Patient Encounter	
Capital	\$1,117.00
Evergreen	\$1,252.00
Northwest	\$1,117.00
Overlake	\$1,088.00
Prov Everett	\$1,371.00
Prov St Pete	\$1,260.00
St Joe	\$1,555.00
Swedish	\$1,422.00
TG	\$1,437.00
UWMC	\$1,634.00
VMC	\$968.00

Outpatient: Chemotherapy Infusions

39

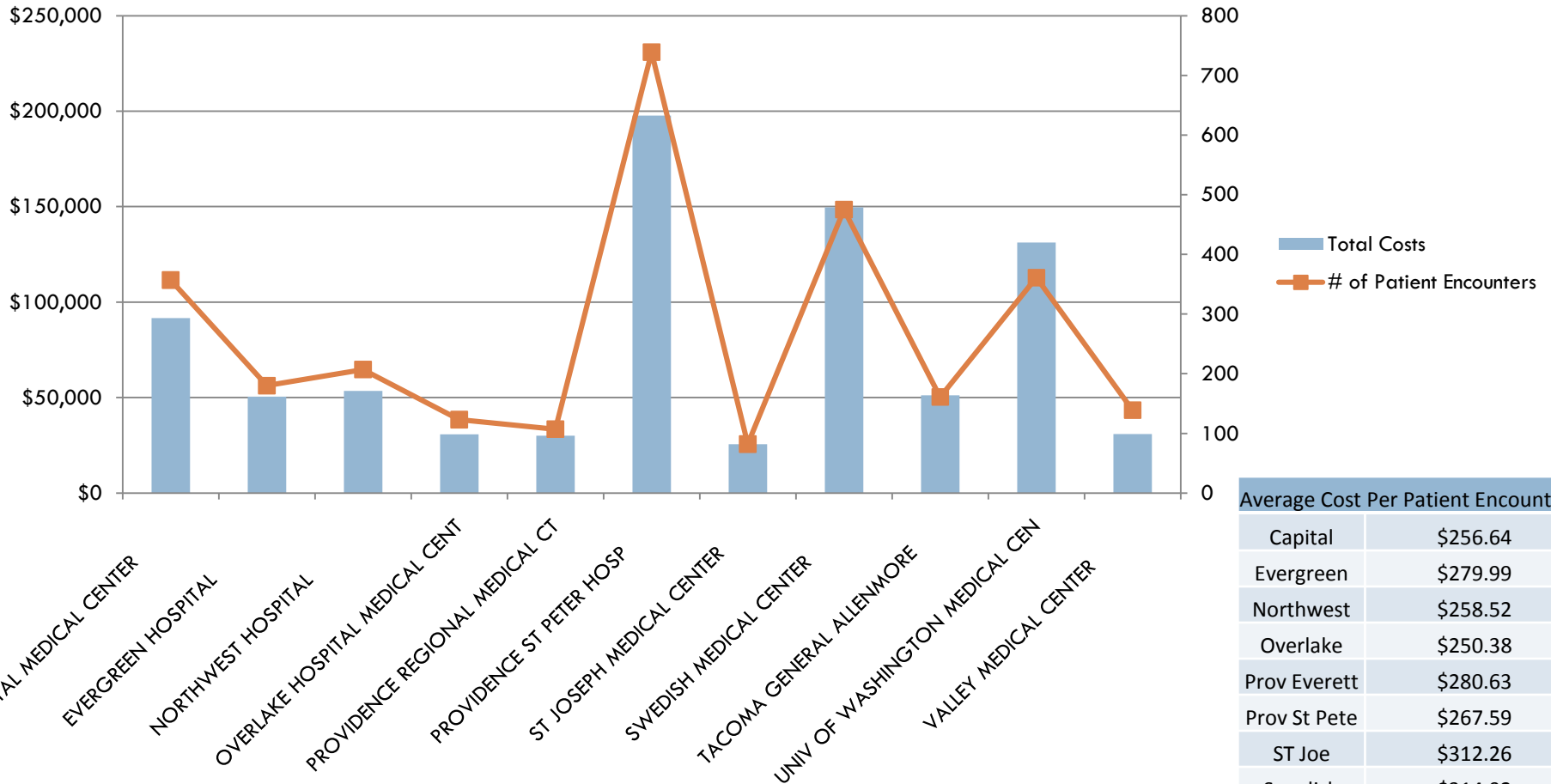


Average Cost Per Patient Encounter

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Outpatient: ER Visits

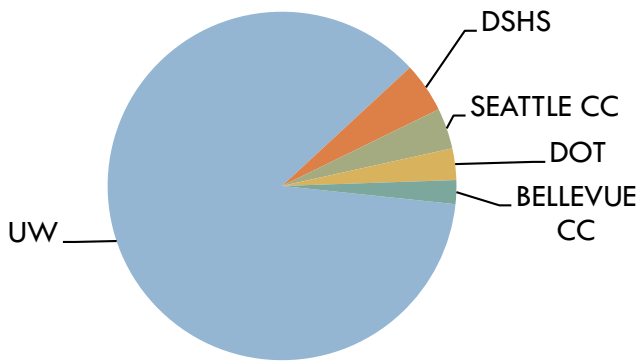
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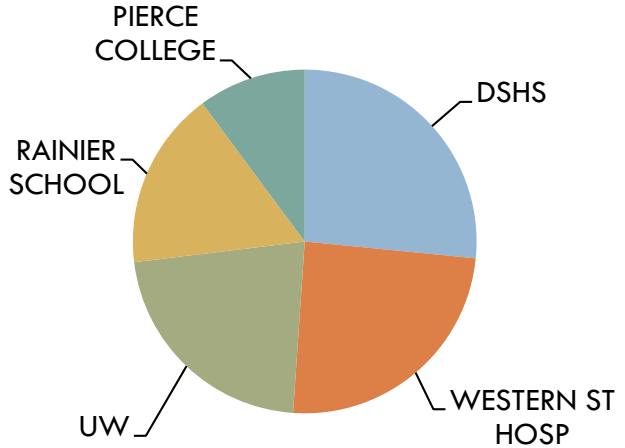
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% of Total Population By Top 5 Employment Agencies in the Most Populated Counties

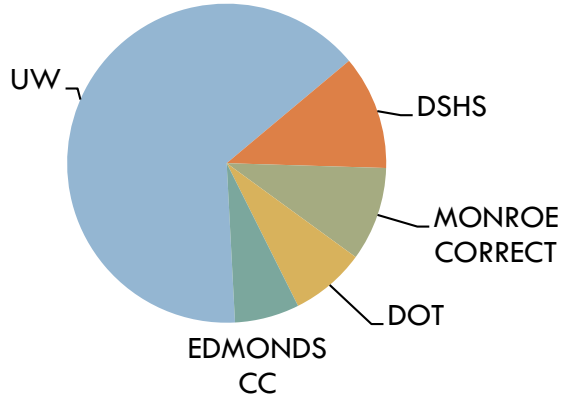
King County



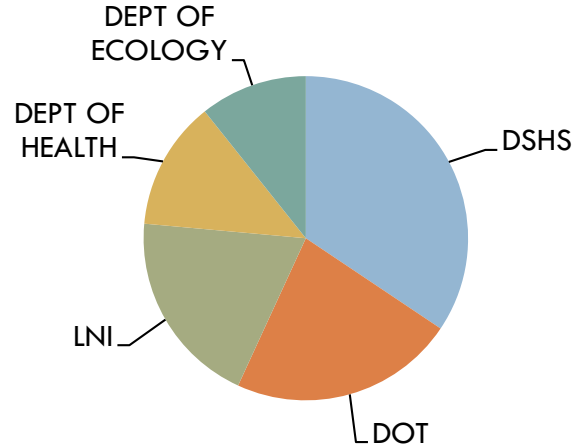
Pierce County



Snohomish County



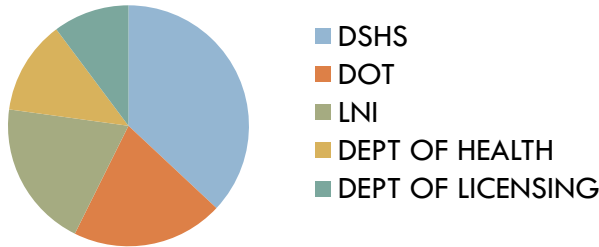
Thurston County



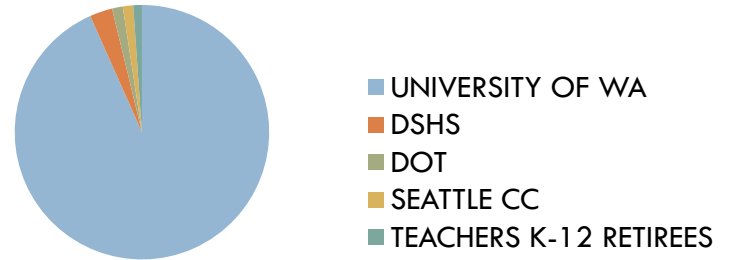
Top 5 Agencies Per Hospital By Utilization

42

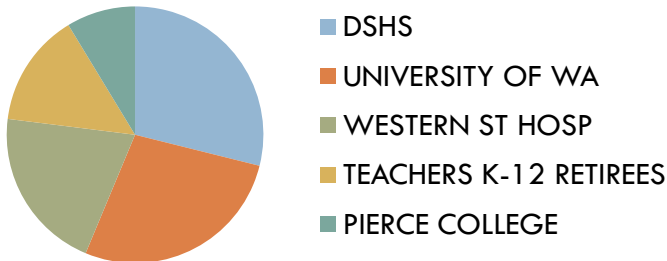
Providence St Peter



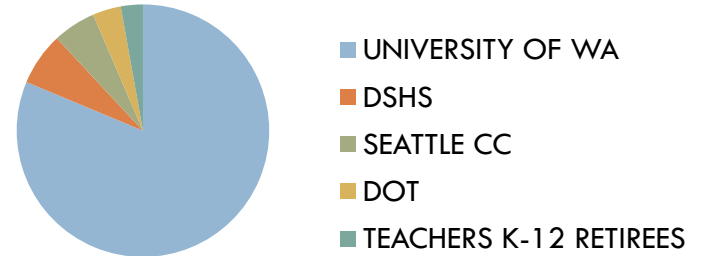
UWMC



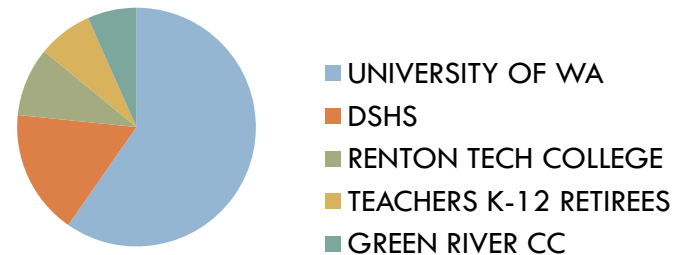
Tacoma General



Swedish



Valley Medical



43

Discussion

What UMP Can Consider in the Future

44

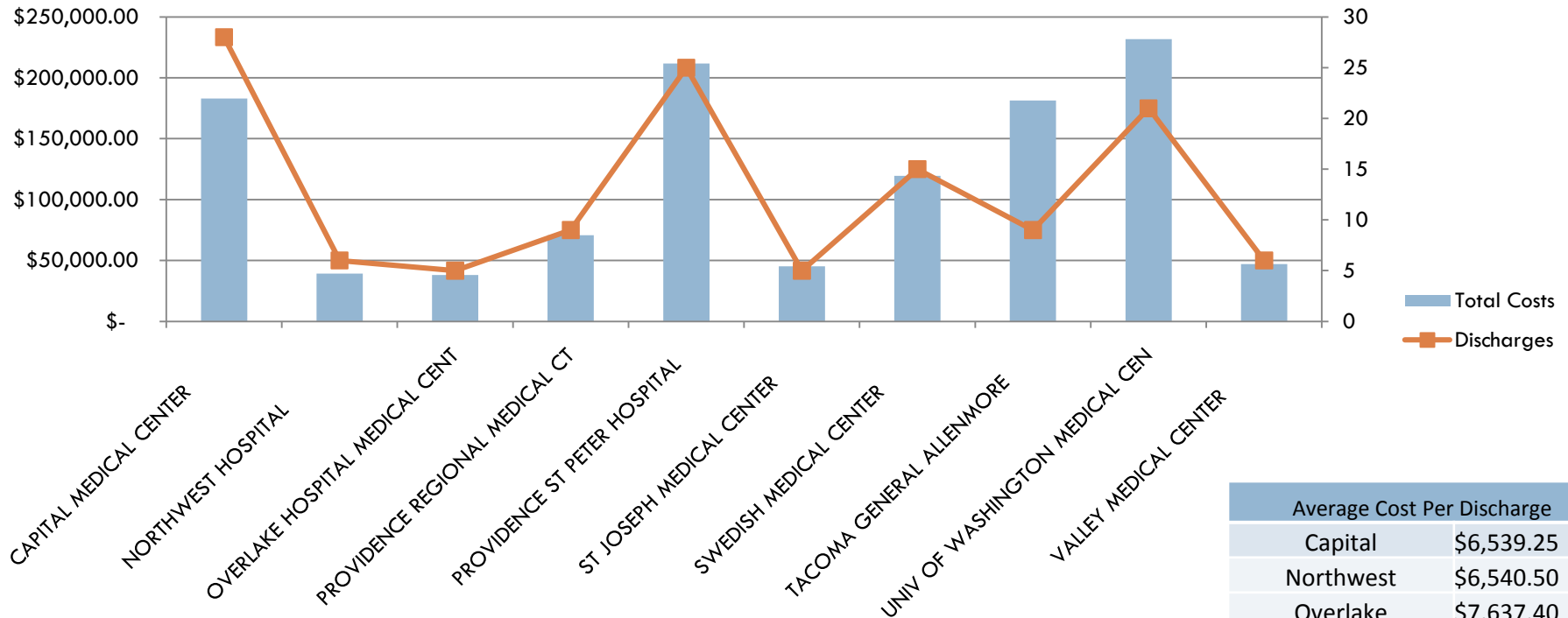
- Partner with PSHA to publicly report quality and cost performance in Washington Market.
- Share performance results with individual providers to foster proactive self improvement.
- Share performance results with PEB members to inform health care decisions.
- Provide incentives to high performers and disincentives for poor performers.
- Identify Centers of Excellence (combined quality and cost-effectiveness) and structure as preferred providers.
- Tier hospitals of equal quality based on contracted rate.
- Limit health plan share of reimbursement to average of cost-effective, quality hospitals (member pays difference for higher cost facilities).
- Reform payment methodology, e.g. episode of care.

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Additional Information

Inpatient: Female Reproductive Procedures

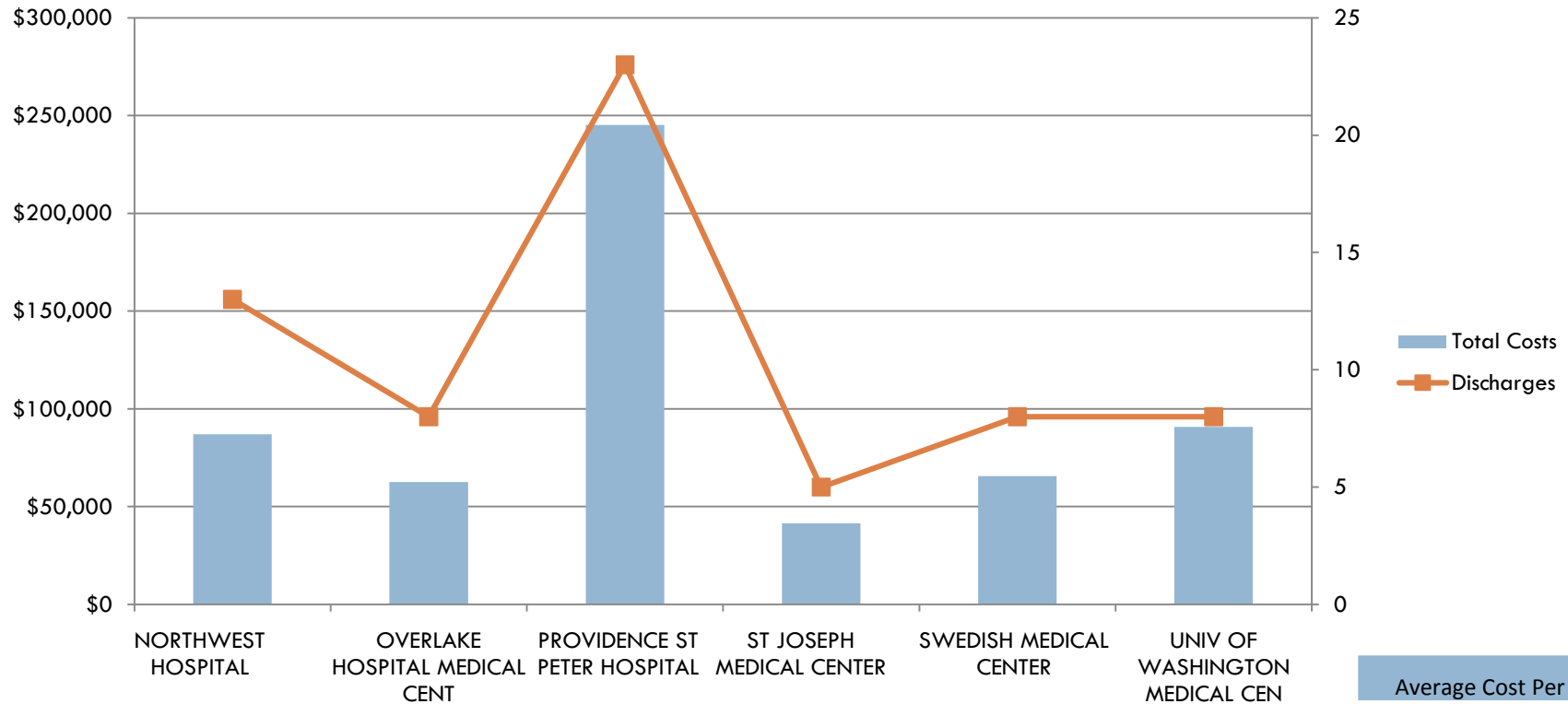
46



Average Cost Per Discharge	
Capital	\$6,539.25
Northwest	\$6,540.50
Overlake	\$7,637.40
Prov Everett	\$7,870.22
Prov St Pete	\$8,472.04
St Joe	\$9,065.00
Swedish	\$7,970.93
TG	\$20,144.11
UWMC	\$11,038.38
VMC	\$7,836.83

Inpatient: Back & Neck Procedures

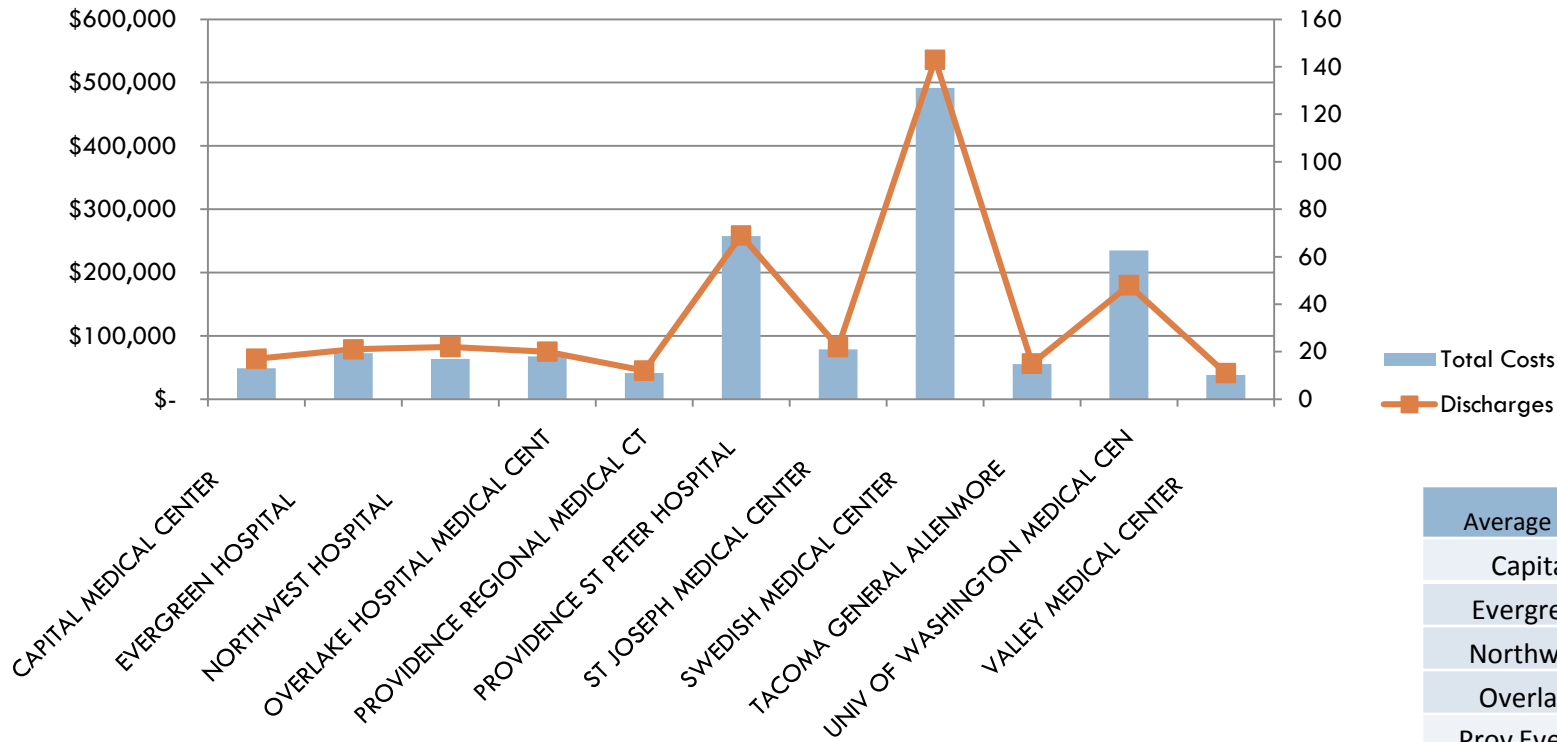
47



Average Cost Per Discharge	
Northwest	\$ 6,692.31
Overlake	\$ 7,814.63
Prov St Pete	\$ 10,662.78
St Joes	\$ 8,295.60
Swedish	\$ 8,204.38
UWMC	\$ 11,340.75

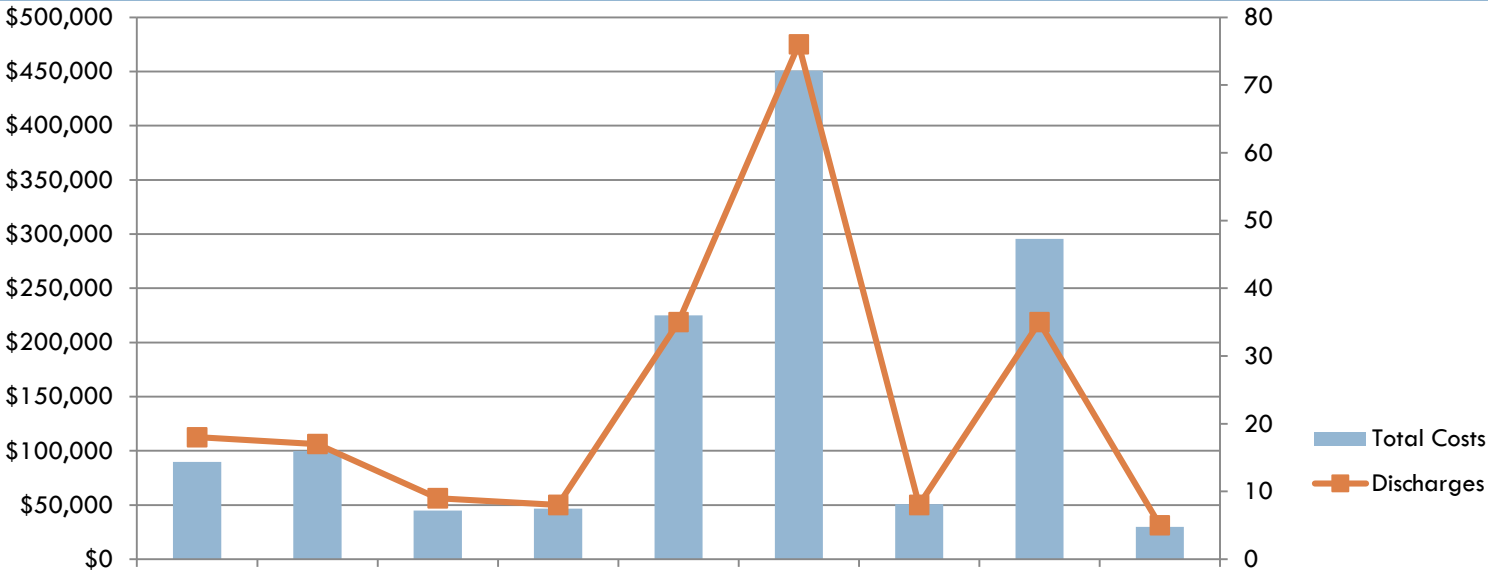
Vaginal Delivery w/o Complications

48



Average Cost Per Discharge	
Capital	\$ 2,886.71
Evergreen	\$ 3,450.38
Northwest	\$ 2,887.32
Overlake	\$ 3,371.50
Prov Everett	\$ 3,446.67
Prov St Pete	\$ 3,732.23
St Joe	\$ 3,579.05
Swedish	\$ 3,438.34
TG	\$ 3,692.33
UWMC	\$ 4,892.79
VMC	\$ 3,459.55

Inpatient: Normal Cesarean Section



CAPITAL MEDICAL CENTER
 EVERGREEN HOSPITAL
 NORTHWEST HOSPITAL
 OVERLAKE HOSPITAL MEDICAL CENT
 PROVIDENCE ST PETER HOSPITAL
 SWEDISH MEDICAL CENTER
 TACOMA GENERAL ALLENMORE
 UNIV OF WASHINGTON MEDICAL CEN
 VALLEY MEDICAL CENTER

Average Cost Per Discharge	
Capital	\$ 4,980.50
Evergreen	\$ 5,876.71
Northwest	\$ 4,981.44
Overlake	\$ 5,816.88
Prov St Pete	\$ 6,423.89
Swedish	\$ 5,932.20
TG	\$ 6,349.00
UWMC	\$ 8,441.60
VMC	\$ 5,968.80

UMP Hospitals by County

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Adams	East Adams Rural Hospital	Grays Harbor	Grays Harbor Community Hospital	Latah	Gritman Medical Center	Snohomish	Cascade Valley Hospital
	Othello Community Hospital		Mark Reed Hospital	Lewis	Morton General Hospital		Providence Everett Medical Center
Asotin	Tri-State Memorial Hospital	Island	Whidbey General Hospital		Providence Centralia Hospital		Stevens Hospital
Benton	Kadlec Medical Center	Jefferson	Jefferson Healthcare	Lincoln	Lincoln Hospital		Valley General Hospital
	Kennewick General Hospital	King	Auburn Regional Medical Center		Odessa Memorial Healthcare Center	Spokane	Deaconess Medical Center
	Prosser Memorial Hospital		Enumclaw Regional Hospital	Mason	Mason General Hospital		Providence Holy Family Hospital
Chelan	Cascade Medical Center		Evergreen Hospital Medical Center	Nez Perce	St Joseph Regional Medical Center		Providence Sacred Heart Medical Center
	Central Washington Hospital	King	Harborview Medical Center	Okanogan	Mid-Valley Hospital		Valley Hospital and Medical Center
	Lake Chelan Community Hospital		Highline Medical Center		North Valley	Stevens	Providence Mount Carmel Hospital
	Wenatchee Valley Medical Center		Northwest Hospital		Okanogan Douglas District Hospital		St Joseph's Hospital
Clallam	Forks Community Hospital		Overlake Hospital Medical Center	Pacific	Ocean Beach Hospital	Thurston	Capital Medical Center
	Olympic Medical Center		Seattle Children's Hospital		Willapa Harbor Hospital		Providence St. Peter Hospital
Clark	Legacy Salmon Creek Hospital		Snoqualmie Valley Hospital	Pend Orielle	Newport Community Hospital	Walla Walla	St Mary Medical Center
Columbia	Dayton General Hospital		St Francis Community Hospital	Pierce	Good Samaritan Hospital		Walla Walla General Hospital
Cowlitz	St John Medical Center		Swedish Medical Center		Mary Bridge Children's Hospital	Whatcom	St Joseph Hospital
Ferry	Ferry County Memorial Hospital		University of Washington Medical Center		St Anthony Hospital	Whitman	Pullman Regional Hospital
Franklin	Lourdes Medical Center		Valley Medical Center		St Clare Hospital		Whitman Hospital & Medical Center
Garfield	Garfield County Memorial Hospital		Virginia Mason Medical Center		St Joseph Medical Center	Yakima	Sunnyside Community Hospital
Grant	Columbia Basin Hospital	Kitsap	Harrison Medical Center		Tacoma/Allenmore General Hospital		Toppenish Community Hospital
	Coulee Medical Center	Kittitas	Kittitas Valley Community Hospital	Skagit	Island Hospital		Yakima Regional Medical
	Quincy Valley Medical Center	Klickitat	Klickitat Valley Hospital		Skagit Valley Hospital		Yakima Valley Memorial Hospital
	Samaritan Hospital		Skyline Hospital		United General Hospital		

PEBB Board Members

Name	Representing
Doug Porter, Administrator Health Care Authority 676 Woodland Square Loop SE PO Box 42700 Olympia WA 98504-2700 V 360-923-2829 portejd@dshs.wa.gov	Chair
Greg Devereux, Executive Director Washington Federation of State Employees 1212 Jefferson Street, Suite 300 Olympia WA 98501 V 360-352-7603 greg@wfse.org	State Employees
Phil Karlberg* Arlington Public Schools 315 N French Ave Arlington WA 98223 V 360-593-6275	K-12
Gwen Rench 3420 E Huron Seattle WA 98122 V 206-324-2786 gwenrench@covad.net	State Retirees
Lee Ann Prielipp 29322 6 th Avenue Southwest Federal Way WA 98023 V 253-839-9753 leeannwa@comcast.net	K-12 Retirees
Eva Santos, Director Department of Personnel PO Box 47500 Olympia WA 98504-7500 V 360-664-6350 evas@dop.wa.gov	Benefits Management/Cost Containment

PEBB Board Members

Name	Representing
Margaret T. Stanley 19437 Edgecliff Dr SW Seattle WA 98166 V 206-484-9411 mtstanley@comcast.net	Benefits Management/Cost Containment
Yvonne Tate Human Resources City of Bellevue PO Box 90012 Bellevue WA 98009-9012 V 425-452-4066 ytate@ci.bellevue.wa.us	Benefits Management/Cost Containment
Harry Bossi* 3707 Santis Loop SE Lacey WA 98503 V 360-689-9275 hbossi@comcast.net hbossi@spipa.org	Benefits Management/Cost Containment
Legal Counsel Melissa Burke-Cain, Assistant Attorney General 7141 Cleanwater Dr SW PO Box 40109 Olympia WA 98504-0109 V 360-586-6500 melissab@atg.wa.gov	

*non voting members

**Meeting Dates 2010-2011
Health Care Authority
Sue Crystal Center
1:00-3:00 p.m.**

2010

August 18
September 15
October 20
November 17
December 15

2011

January 12 (board retreat)
February 16
March 16
April 20
May 18
June 15
July 6
July 20