

## ASPR TRACIE Technical Assistance Request

**Requestor:** [REDACTED]  
**Requestor Phone:** [REDACTED]  
**Requestor Email:**  
**Request Receipt Date (by ASPR TRACIE):** 3 November 2016  
**Response Date:** 17 November 2016; updated 23 January 2018  
**Type of TA Request:** Standard

### Request:

[REDACTED] requested technical assistance, on behalf of an Awardee, in obtaining information on Healthcare Coalitions (HCCs) that charge membership dues to participate. He noted that the primary inquiry was if any states have developed guidance for their HCCs that wish to implement a dues schedule for their members to participate in the coalition.

Specific questions included the following:

- How do HCCs determine the dues amounts (i.e., amount per licensed bed, flat fee, ranges tied to licensed beds, etc.)?
- What are the dues ranges (Minimum to maximum? Even better if they want to share their dues/ fees schedules)?
- How has charging dues affected HCC participation (Increase/decrease? If either, how much of an increase/ decrease)?
- What benefits have the HCCs seen from charging dues (e.g., what expanded activities has it permitted)?
- Do their HCCs charge for training?

### Response:

The ASPR TRACIE Team researched several resources related to HCC membership dues. We also reached out to several ASPR TRACIE Subject Matter Expert (SME) Cadre members for feedback and additional resources. Some of the SME Cadre members we reached out to do not charge dues and therefore were unable to answer the questions.

Section I below includes the opinions and anecdotal information received from the ASPR TRACIE SME Cadre members. Section II in this document includes resources related to HCC membership dues.

## I. ASPR TRACIE SME Cadre Member Comments

The table below provides the ASPR TRACIE SME Cadre member's responses to the questions posed by the requestor.

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

Question	ASPR TRACIE SME Cadre Member Responses
<ul style="list-style-type: none"> <li>How do HCCs determine the dues amounts (i.e., amount per licensed bed, flat fee, ranges tied to licensed beds, etc.)?</li> </ul>	<ul style="list-style-type: none"> <li><b>SME Cadre Member 1:</b> Our Board determines the dues amounts and has done so since the start. It is a flat rate for all participants.</li> <li><b>SME Cadre Member 2:</b> We keeps it simple. Voting members are charged a flat fee of \$500/year regardless of the size of their facility. Non-voting members can attend meetings and trainings at no cost to them; however, they do not participate in voting on motions, elections, etc.</li> <li><b>SME Cadre Member 3:</b> Our membership model is currently based on net patient care services revenue (if applicable); otherwise, net revenue. This may change to gross revenue in the future, but that is where it stands right now. The model applies to all types of healthcare organizations.</li> </ul>
<ul style="list-style-type: none"> <li>What are the dues ranges (Minimum to maximum? Even better if they want to share their dues/ fees schedules)?</li> </ul>	<ul style="list-style-type: none"> <li><b>SME Cadre Member 1:</b> It is \$25k equity stake the first year, \$10k annually after that. The size does not matter; membership does, so all hospitals pay the same amount. Note: only hospitals pay dues. We have projects for long term care facilities, but do not currently charge them.</li> <li><b>SME Cadre Member 2:</b> See response to the first question. There is only one charge.</li> <li><b>SME Cadre Member 3:</b> The annual rate ranges from \$1,000/annually (net revenue below \$5 million) at the low end to \$80,000 annually at the top (net revenue above \$2 billion). Currently approximately 32% of our total annual revenue comes from member contributions.</li> </ul>
<ul style="list-style-type: none"> <li>How has charging dues affected HCC participation (Increase/decrease? If either, how much of an increase/ decrease)?</li> </ul>	<ul style="list-style-type: none"> <li><b>SME Cadre Member 1:</b> Dues were random until a few years ago, making them annual increased participation and made us appear more legitimate. We were able to increase dues for the first time last year. Members were not happy but understand cost-of-living adjustment (COLA). We use our dues for cash-flow (reimbursable grants) and non-grant expenses. We raise so little money with them that we cannot really accomplish much with them if we were to spend them to exhaustion each year.</li> <li><b>SME Cadre Member 2:</b> We have had excellent participation by our members both before and after we started charging dues (about 10 years ago). Members state they attend because they benefit from the information shared at the meetings in addition to participation in exercises, trainings, hazard vulnerability assessment (HVA) analysis, etc. Our participation rate is stable in terms of participation. Our administrative coordinator does keep track of attendance for all meetings.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>SME Cadre Member 3:</b> This ASPR TRACIE SME Cadre member noted that her answers are more than a quick email, and she would be willing to speak by phone with any of the states or locals that want to know more about their model and the pros/cons. Her contact information is as follows: Redacted for privacy. If you are interested in connecting with this SME, please contact ASPR TRACIE.</li> </ul>
<ul style="list-style-type: none"> <li>• What benefits have the HCCs seen from charging dues (e.g., what expanded activities has it permitted)?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>SME Cadre Member 1:</b> Top benefit is “skin in the game.” We use it to ensure members participate in our meetings and programs. It's a “drop in the bucket” for them so we are always doing the math to show them the return on investment (ROI) of their dues.</li> <li>• <b>SME Cadre Member 2:</b> Charging dues has helped us fund an administrative coordinator position (way before ASPR supported coalitions). Dues also support our leadership to travel to state and national HCC meetings. We offer sponsorship by vendors at our meeting. Sponsorship helps us to pay for an annual HCC/ Medical Reserve Corps (MRC) Recognition Dinner.</li> <li>• <b>SME Cadre Member 3:</b> This ASPR TRACIE SME Cadre member noted that her answers are more than a quick email, and she would be willing to speak by phone with any of the states or locals that want to know more about their model and the pros/cons. Her contact information is as follows: Redacted for privacy. If you are interested in connecting with this SME, please contact ASPR TRACIE.</li> </ul>
<ul style="list-style-type: none"> <li>• Do their HCCs charge for training?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>SME Cadre Member 1:</b> “Never!” We do not have a fee-for-service model and are proud of providing benefits at no cost to our members. If we need to, we will set up projects to be maintained by our members, but our Board makes that determination BEFORE we start any project. We get suppliers to include free training when we make purchases, we invest grant funds in training videos that we post to our members-only website and share with our members for posting to their intranets.</li> <li>• <b>SME Cadre Member 2:</b> Currently our HCC does not charge for training (other than an isolated training such as REMM [Radiation Emergency Medical Management]). We feel that training is one of the incentives to participate in a HCC. We may eventually charge for training to support provider types with compliance with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Rule. This would mostly pay for the instructors.</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• <b>SME Cadre Member 3:</b> We charge for some training. It depends whether the training is funded by Hospital Preparedness Program (HPP) dollars as that affects what we can charge, and what we can invoice for reimbursement from the state via our HPP contract with the Department of Health (DOH).</li></ul> |
|--|---|

## II. Healthcare Coalition Membership Dues Resources

Association of State and Territorial Health Officials (ASTHO), and National Association of County and City Health Officials (NACCHO). (2014). [Frequently Asked Questions \(FAQs\): Healthcare Coalitions: Governance and Sustainability Webinar](#).

This document is a list of questions and answers provided at the September 4, 2014 webinar hosted by ASPR, ASTHO, and NACCHO. Page 2 of this resource provides information on annual membership dues from the Palm Beach, FL HCC. Responses to other questions posed by webinar participants may be helpful to this request as well.

Delaware Valley Health Care Coalition (DVHCC). (n.d.). [DVHCC Homepage](#). (Accessed 11/14/2016.)

The homepage of the Delaware Valley Health Care Coalition indicates how much they charge for initial and annual dues. They also have a Membership Advantages Page and Frequently Asked Questions.

The County of Fresno. (2008). [Board Briefing Report. Participation in the California Health Care Coalition](#).

This document provides information on the California Health Care Coalition (CHCC) and is intended to update the County of Fresno Board members on the efforts to mitigate rising health insurance costs. Page three includes a membership dues calculation.