

**HEALTHCARE BENCHMARK INITIATIVE TECHNICAL TEAM**

**Meeting Minutes**

**March 4, 2025 | 1 – 3:00 p.m. ET**

Microsoft Teams Meeting: Meeting ID: 223 592 759 336

Passcode: 6b8YL2iZ

**ATTENDANCE:**

**By Electronic Device:**

Loren Adler

Don Berwick

Francois de Brantes

Sabrina Corlette

Roz Murray

Josh Wojcik

**In Person:**

N/A

**Absent:**

Stefan Gildemeister

Paul Grady

Jason Hockenberry

Chris Manzi

**Other Participants:**

Deidre Gifford, OHS

Alex Reger, OHS

Patty Blodgett, OHS

Lisa Sementilli, OHS

Michael Bailit, Bailit Health

Erin Taylor, Bailit Health

**WELCOME AND CALL TO ORDER**

**COST GROWTH BENCHMARK UNINTENDED CONSEQUENCES**

Michael Bailit reviewed the OHS Unintended Adverse Consequences Measurement Plan, including the domains (underutilization and cost-shifting) and the specific measures OHS has been tracking within each of those domains. Technical Team members observed that it is difficult to isolate the impact of the benchmark from other factors and dynamics. Michael asked Technical Team members if there were domains or measures OHS should consider adding (or removing) to monitor potential adverse consequences.

- Don Berwick suggested prioritizing consumer experience metrics, e.g., from CAHPS survey data and a metric that monitors restrictions to access to care (e.g., stinting), acknowledging that measures would need to be developed.
- Francois de Brantes agreed with Don on the need to focus on access measures, and recommended measures that assess the amount of time it takes for someone to see a primary care provider, specialist, and receive needed treatment (e.g., surgery). Francois also suggested monitoring prior authorization and other administrative barriers to care. Josh Wojcik agreed about monitoring prior authorizations and specifically tracking the rates of denials and the rate at which denials are overturned upon appeal.

- Roz Murray proposed looking at changes in payer mix over time for certain entities (e.g., hospitals) to understand if there is a trend in reducing care to patients with public coverage (e.g., Medicaid and Medicare.)

#### **CRITERIA FOR REQUIRED PUBLIC HEARING APPEARANCE**

Michael Bailit provided background information about the OHS statutorily required annual informational public hearing related to the healthcare cost growth benchmark and primary care spending target. He then described the process OHS has implemented to date to identify entities to call to the public hearing for significantly contributing to spending growth. Michael reviewed the data OHS uses to identify areas of high spending and spending growth and to perform analyses that can isolate the contribution of prices. He asked the Technical Team if it had recommendations for a) specifying what constitutes “significant contribution” for spending growth relative to the benchmark value (e.g., a specified number of percentage points above the healthcare cost growth benchmark) that would warrant an entity being called to the public hearing and b) identifying other entities (not subject to the benchmark) that have been significant contributors to healthcare cost growth.

- Don Berwick suggested looking at the distribution of organizations in terms of excess costs to understand the variance and then establish a cutoff point (e.g., top decile or quintile) to identify the high-end outliers. Loren Adler agreed.
- Deidre Gifford said that the public hearings provide an opportunity for legislators and the public to understand reasons for high spending and growth.
- Loren Adler suggested that OHS strike a balance between providing some criteria for entities and affording OHS necessary flexibility and discretion.
- Josh Wojcik indicated that the approach for entities that are accountable to the benchmark (e.g., payers and Advanced Networks) might be different from others, such as hospitals and drug manufacturers that are not accountable to the benchmark. For the latter, Josh said that OHS would need a process of determining which components of spending are rising fast and identifying entities that are contributing to that spending.
- Francois de Brantes recommended that OHS consider calling self-insured employers to the annual hearing. Francois noted that self-funded employers act as payers and should be sufficiently holding their plan administrators accountable for cost growth per the Consolidated Appropriations Act of 2021.
- Sabrina Corlette responded that the idea was an interesting one. She speculated that because employers delegate network construction to TPAs, calling employers to the hearing could devolve into finger-pointing between employers and their plan administrators.

#### **PUBLIC COMMENT**

None

**APPRECIATION & MEETING ADJOURNMENT**

Deidre Gifford indicated that OHS would be developing its recommendations for the benchmark and primary care targets, informed by the Technical Team discussions. Deidre thanked the Technical Team members for their time, engagement, and insightful comments and recommendations.

**UPCOMING MEETING:**

*No further meetings are scheduled.*

[Healthcare Cost Growth Benchmark Initiative Meeting Material](#)

[Link to Meeting Recording](#)