

Vicki,

Below is my feedback on the preliminary recommendations of the healthcare cost growth benchmark technical team.

In addition to my own questions/comments about it, I've tried to view how it reads from 2 additional viewpoints –a “naive” reader and a “skeptical” one. So my notes reflect a little of all three.

Nancy

Page 4, 1st para- Add one sentence to the end of the it. *States that have implemented statewide cost target benchmarks are finding or seeing*(include some general positive statement(s) about either process (e.g. dialogue about costs)or outcomes (e.g . cost trend lines)

Page 4, para 4-the statement that OHS asked that the Technical Team consider....*through the prism of health equity* feels like it's an after thought and has nothing to do with the next sentence. Put that sentence into the paragraph before, and/or expand on it a wee bit?

Page 6- C -1st para –put in a footnote that explains briefly what is in the APCD- and link to a fuller explanation –you may have some readers that are not immersed in this area –need an explainer

Page 6 C –bullet 1- I think that there needs to be a fuller explanation of what the distinction is between Cost and Price, and how they relate to one another for the purpose of the target–I expect you will get more public comments (like Ted's letter) about this issue –it looks like the issue of price is being given short shrift or buried

Page 13-para 4-define what is meant/included in social risk factor data ...it could be in a footnote but I looked at it and said to myself –what are they talking about ? SDOH? Something else? All readers would benefit from 2-3 sentences that define this term

Page 14-Last para-include a footnote about what NESCO does. I didn't know –so I'm guessing others won't either

Pages 14-16-Primary Care definitions –I was confused reading this section. Not the tables, but ...I thought that the Tech team had recommended that the narrow definition be used but that is not in the report. And I didn't see anything in the report that explained how the “proposed” definitions –narrow and broad-would guide or drive the analysis or determination of whether/how the primary care target would be achieved. Did I miss something? I looked over the PowerPoints and minutes from the stakeholder advisory mtgs and Vicki's email with an overview of the most recent Stakeholder meeting –I didn't see minutes posted for that one and I missed that meeting.

Page 17-footnote #7- it read that *OHS can define value as improved.....* Can or Does? To the skeptical eye, it may look like OHS is trying not to be transparent or clear on this point

Page 21-c-again reading with the skeptical eye in mind ----It says *OHS can track changes in consumer oop spending.....*Can or Will ? or Will be able to?