

Joint Meeting of Advisory Committee on Data Issues and Advisory Committee of Health Care Providers and Carriers meeting summary

January 18, 2024

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2-4 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the Committees is available on the [Advisory Committee on Data Issues](#) and the [Advisory Committee of Health Care Providers and Carriers](#) webpages.

Advisory Committee on Data Issues

Members present

Christa Able
Megan Atkinson
Amanda Avalos
Chandra Hicks
Lichiou Lee
Leah Hole-Marshall
David Mancuso
Ana Morales
Hunter Plumer
Mark Pregler
Russ Shust
Mandy Stahre
Julie Sylvester

Members absent

Jonathan Bennett
Bruce Brazier
Jason Brown

Advisory Committee of Health Care Providers and Carriers

Members present

Bob Crittenden
Justin Evander
Louise Kaplan
Stacy Kessel
Eric Lewis
Vicki Lowe
Natalia Martinez-Kohler
Jeb Shepard
Dorothy Teeter
Wes Waters

Members absent

Paul Fishman
Jodi Joyce
Ross Laursen
Todd Lovshin

Call to order

Mandy Weeks-Green, committee facilitator, called the meeting to order at 2:03 p.m.

Agenda items

Welcoming remarks

Mandy Weeks-Green welcomed the committee members to the joint session and introduced Eric Lewis, Chief Financial Officer of the Washington State Hospital Association, as the newest member of the Cost Board's Advisory Committee of Health Care Providers and Carriers.

Public comment

Mandy Weeks-Green called for comments from the public, having received no written comments prior to the meeting.

Katerina LaMarche, Washington State Hospital Association (WSHA), had questions regarding the provider report template that would be presented at this meeting. She deferred her questions to being able to review the updated document, but referenced the motion brought forward by WSHA and the Washington State Medical Association at the previous meeting. The amended motion which passed had requested clarification of methodology and metrics of the benchmark materials so that providers can offer greater access to health care.

The public comment section of the meeting begins at [timestamp 10:04](#).

Preliminary Spending Growth Benchmark of the Cost Board

Vishal Chaudhry, Chief Data Officer, HCA

Vishal Chaudhry **presented preliminary results** of the Washington Health Care Spending growth benchmark data. Prefacing the data, Vishal Chaudhry emphasized that there is still ongoing work to finalize results. The presentation began with a review of the reporting cycle timeline over the next five years, key terminology, and which payers submitted data that went into the report. The context of the data and caveats of what data is still missing was communicated prior to presenting the State and Market levels results for 2017-2019. Total health care expenditures in Washington were \$48B in 2019, reflecting a cost growth of 7.15 percent and 5.81 percent from 2017 and 2018 levels respectively. State Spending by Category (Claims, Non-Claims, Retail Rx, Long Term Care, Physician, Hospital Inpatient, and Hospital Outpatient) showed little change in proportion between 2017-2019. Medicaid showed Per Member Per Year (PMPY) yearly growth of 13.8 and 11.9 percent in that same period, with Megan Atkinson, HCA's Chief Financial Officer, offering policy-related context for the growth during this period. Much of the growth was a product of legislative directives that increased behavioral health spending, provider reimbursement rates, and expanded eligibility. Medicare spending PMPY grew slower than Medicaid in the same period (6.2 and 7.0 percent), even while total Medicare spending is significantly higher than that of Medicaid. Commercial spending increased 4.5 and 4.0 percent between 2017 and 2019. Vishal Chaudhry concluded by discussing 2024 work that included finalization of this data, the next data call for 2021 and 2022, and exploration of cost containment strategies to recommend to the Legislature. The board's discussion of the data begins at [timestamp 46:20](#). Discussion from committee members included clarification that FMAP, ED visits, and value-based payments were captured in the data, and similarly the analysis in the pandemic years will need to account for the infusion of federal dollars. Committee members confirmed that trends seen in the analysis reflect trends in the health care sector which saw movement of patient treatments from inpatient to outpatient. Additional analysis was requested to better understand how this trend affected overall spending. Members discussed the high inflation rates and increased labor costs of recent years, noting that benchmark targets may be difficult to achieve. Vishal Chaudhry noted that the Board is expected to review the benchmark in future meetings.

Informational Updates and 2024 Workplan

Mandy Weeks-Green, Board and Commissions Director at the Health Care Authority
Sheryll Namingit, Health Economics Research Manager

Mandy Weeks-Green **provided a series of informational updates** for committee members. The first reports are expected to be sent in around one month after final identification of the relevant list of providers. 2024 is not a reporting year, so providers will not be compared to the benchmark. The draft cover letter was made available in meeting materials, noting that participation of a webinar will be available to providers to ask questions regarding methodology. Sheryll Namingit **presented the draft report** that will be sent to providers attributed more than 10,000 lives. The cover page of the spreadsheet gives a brief explanation of the work of the Cost Board and the 2022 Data Call, as well as providing contact information for questions and feedback. In total, there are eight tables (Table 1-Table 8) in the report, beginning in Table 1 with an overview of provider performance across the commercial, Medicare, and Medicaid markets against all providers in table and graph form. These figures are risk adjusted and a 95% confidence interval is calculated for each measure. Table 2 and 3 show Member Month calculations. Table 4 breaks down claims expenses by market and year. Table 5 covers non-claims expenses and Table 6 shows Total Medical Expenditure (TME) for the provider by market and year. Table 7 breaks down TME by service category for each market and year. Finally, Table 8 provides details on provider risk scores and the confidence interval calculation.

Comments from committee members began at **timestamp 1:08:45**. A key question addressed was how a 'provider' was defined, and members were referred to the definition in the cover letter of the report. A large provider subject to benchmark reporting is a provider with 10,000 covered lives that offers primary care services, with 26 providers passing validation for the 2022 benchmark. The provider report will not include information about which lives, carriers, and physicians are attributed to them to avoid a risk to privacy, but providers would be able to work with carriers to cross-validate figures in the report. The attribution model used for this benchmark is similar to the model used by other states doing similar work.

Mandy Weeks-Green **shared the 2024 Workplan** with the committees that plans to have the two committees meet jointly throughout the year to ensure that information and feedback is given and received for the key goals of the year including analytic reports, 2024 data call, and benchmark information. Key dates and meeting cadence is included in the meeting materials.

Adjournment

The meeting was adjourned at 3:26 p.m.