Healthcare Benchmark Initiative Technical Team

February 22, 2021 Meeting

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Agenda

Time	Topic
4:00 p.m.	I. Call to Order
4:05 p.m.	II. Public Comment
4:15 p.m.	III. Minimum Population Size for Reporting of Provider Benchmark Performance
4:25 p.m.	IV. Mathematica Analysis Findings
5:25 p.m.	V. Wrap-Up and Next Steps
5:30 p.m.	VI. Adjourn

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Call to Order

Public Comment

Minimum Population Size for Reporting of Provider Benchmark Performance

Criteria for When to Report Provider Benchmark Performance

- OHS will report individual payer and provider entity performance against the benchmark for 2021 cost growth in early 2023.
- At its January meeting, the Technical Team explored how OHS should make determinations of payer and provider entity performance against the benchmark.
- The Technical Team recommended that OHS perform calculations of **statistical significance** when reporting benchmark performance to ensure accuracy of findings. This is the methodology developed by Oregon for the same purpose.
- The Technical Team still needs to decide on whether there should be a minimum population threshold for Advanced Networks to be assessed against the benchmark.

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What is a "sufficient population size" to measure provider performance against the benchmark?

- To report on healthcare spending at the provider level, the provider needs to be sufficiently large to help dampen any "noise" in the data, and reduce the chance that random variation played a part in its performance.
- While payers and providers contract on a shared savings or shared risk basis for as few as 3,000 attributed lives, statistical analysis reveals that random variation will impact cost performance assessments at that population size, and much larger populations.*

* McCall N and Peikes D. "Tricky Problems with Small Numbers" Robert Wood Johnson Foundation, Princeton, NJ, 2016.

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Why set a minimum when we are already doing statistical significance testing?

- Doing so will remove instances of payers and providers (by line of business) having confidence intervals so large that we will never be able to figure out if they met the benchmark.
  - It will also eliminate work by payers and OHS that will produce no value.

Minimum Attributed Lives for Public Reporting of **Provider Performance** in Other Benchmark States

State	Minimum Attributed Lives for Public Reporting of Provider Performance
Delaware	By line of business, provider entities that have: • At least 10,000 attributed commercial or Medicaid lives • At least 5,000 attributed Medicare lives
Massachusetts	There is no published standard for public reporting, but the state set a minimum threshold for payer reporting to the state at 3,600 attributed lives
Oregon	Across all markets, provider entities must have at least 10,000 attributed lives
Rhode Island	By line of business, provider entities that have: • At least 10,000 attributed commercial or Medicaid lives • At least 5,000 attributed Medicare lives

Staff Recommendation re: Minimum Attributed Lives for Public Reporting of Provider Performance

- Gathering and analyzing data for populations that are too small to allow for a determination of benchmark attainment is a poor use of resources.
- Unfortunately, we don't know where to set a minimum population threshold.
- OHS will be able better able to assess a recommended minimum population size after evaluating pre-benchmark data submissions from payers this spring, and calculating confidence intervals with actual data.
- We recommend bringing a recommendation back to the Technical Team after the analysis is complete.

Mathematica Analysis Findings

(Switch slide set and hand controls over to Mathematica team.)

Wrap-Up & Next Steps

Next Steps

- OHS has scheduled monthly meetings of the Technical Team for through June.
  - The next Technical Team meeting is scheduled to take place March 22nd at 4pm.
  - OHS may not hold monthly meetings each month moving forward as we transition from design to implementation activities.


THANK
YOU