CONNECTICUT
Health Strategy

DIGEST OF ADMINISTRATIVE REPORTS TO THE GOVERNOR

Fiscal Year 2023-2024

Deidre S. Gifford, MD, MPH	**Commissioner**
Kimberly Martone	**Chief of Staff**
Established	2018
Statutory Authority	Conn. Gen. Statutes Chapter 368dd, Sec. 19a-754a and other provisions
Central Office	450 Capitol Avenue PO Box 340308, MS#51OHS Hartford, CT 06106-0308
Number of Employees	**41**
Recurring Operating Expenses	
FY 2023-2024 budget	**$17,768,206**
General Fund	**$4,034,092**
Personal Services	$3,021,050
Other Expenses	$13,042
Covered Connecticut	$1,000,000
Insurance Fund	**$13,734,114**
Personal Services	$1,966,556
Other Expenses	$9,823,324
Equipment	$20,000
Fringe Benefits	$1,924,234

MISSION

The Office of Health Strategy's mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

CONNECTICUT
Health Strategy

ORGANIZATIONAL STRUCTURE

A commissioner, deputy commissioner and chief of staff lead the Office of Health Strategy. Five core service lines, supported by a business and administrative office, execute the agency's mission: Statewide Health Systems Planning, Healthcare Benchmarks, Health Equity and Social Determinants of Health, Research and Data Analysis, and Health Information Technology.

STATUTORY RESPONSIBILITY

A bipartisan effort of the Connecticut General Assembly created the Office of Health Strategy (OHS) in 2017. The agency began serving the community in 2018. The founding legislation organized existing state resources into one body and centralized healthcare policymaking to advance health reform initiatives to improve health, drive down consumer costs and support modernization efforts made possible by technology advancements.

OHS leads Connecticut's efforts to promote high-quality, affordable, and accessible healthcare for Connecticut residents through collaboration with consumers, providers, payers, employers, legislators, state agencies, community organizations, and other stakeholders by:

- developing health policy to improve health outcomes, ensuring better access to health care and identifying and addressing health disparities
- reining in high per-capita healthcare spending growth, through monitoring and reporting of healthcare costs and utilization in multiple sectors
- convening stakeholders, developing consensus and promoting system improvement and healthcare reform initiatives
- maximizing healthcare provider communication and data sharing to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar invested in health and well-being
- providing transparent data on health care costs and quality, identifying and monitoring the primary drivers of healthcare spending
- ensuring healthcare providers and facilities meet the medical needs of consumers in all geographic areas through accessible, cost-effective services

PUBLIC SERVICE

OHS implements comprehensive, data-driven strategies to promote equitable access to high quality healthcare, control cost growth and ensure better health for our Connecticut community.
Our commitment to transparency, collaboration and excellence guides our work, ensuring Connecticut remains a national leader in health outcomes and high-quality, cost-effective care delivery.

We convene and engage key stakeholders across all sectors to explore innovative and impactful approaches to improve health and healthcare in Connecticut. We host public forums and informational summits, facilitate more than 10 councils, committees, and advisory groups, host more than 90 meetings and hearings annually and drive collaboration with colleagues at the state and national level.

1 Healthcare Benchmark Initiative Public Hearing - June 25, 2024

IMPROVEMENTS/ACHIEVEMENTS FOR FISCAL YEAR 2023-2024

OHS milestones, achievements, and noteworthy accomplishments for fiscal year 2023-2024 are summarized below. Additional detail on efforts to advance the agency mission through statutorily defined initiatives appears on subsequent pages.

ACCESS

- Expanded provider enrollment in the Connecticut health information exchange (CONNIE), engaging more diverse provider types including behavioral health clinicians
- Enhanced certificate of need program, reducing application processing time by 50% over two years, including issuing 62 decisions and four modifications, received 26 applications, negotiated 10 agreed settlements and held nine public hearings ensuring healthcare facilities and services remain accessible to our residents
- Provided extensive analysis and reporting on key issues impacting healthcare delivery, affordability, equity and systems through publication of 17 technical reports

EQUITY

- Launched inaugural Social Determinants of Health Summit in collaboration with Connecticut's health and human service agencies, convening public and private advocates and stakeholders to address disparities in health-related social needs
- Led Connecticut's successful application to the U.S. Centers for Medicare and Medicaid for the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model, bringing the state to forefront of national innovation strategy implementation

QUALITY

- Published the first Quality Benchmark Report demonstrating improved provider and payer performance on asthma medication, high blood pressure and hemoglobin A1c(HBA1c) control for patient with diabetes
- Securely shared data through the All-Payer Claims Database with researchers and other users advancing knowledge and understanding of our state's healthcare system

AFFORDABILITY

- Published our second annual Cost Growth Benchmark Report demonstrating annual per capita spending growth of 3.4%, only slightly above benchmark of 3.2% and hosted public and informational hearings to engage providers, consumers, policymakers and others in discussion of the report's implications
- Expanded data analytics and reporting to include new reports on Analysis of Impacts of Hospital Consolidation in Connecticut and Hospital's Community Benefit

ADVANCING POLICY 2023-2024

OHS advanced the following legislative policy initiatives in collaboration with the Office of the Governor, Office of Policy and Management and the Connecticut legislature:

Public Act No. 24-151, Section 146: Hospital Financial Reporting
(Effective July 1, 2024; Hospitals report on or before October 31, 2024 and semiannually thereafter)

- Strengthened hospital reporting to OHS to identify hospitals that may be struggling financially
- Data reporting requirements include cash on hand, invoices, utility bills, fees, taxes or assessments due to public entities (past 90 days) and unpaid employee health insurance premiums under self-funded or fully insured plans (past 90 days)

Public Act No. 24-19, Sections 22-24: Health Information Exchange (HIE)

- Shields health care providers from liability if there is a data breach of the HIE.
- Defines responsibilities for HIE reporting by covered entities versus providers who do not have patient medical records or who practice as an employee of a covered entity
- Requires health care providers to connect and actively participate with the HIE within 18 months of implementation of policies and procedures and defines connection and participation

- Establishes an OHS work group to recommend parameters and regulations for the HIE to the legislature by January 1, 2025
- Adds a representative from the Office of the Attorney General to the Health Information Advisory Council

Public Act No. 24-81, Section 90: Commissioner
(Effective from passage)

- Changes OHS executive director to Commissioner

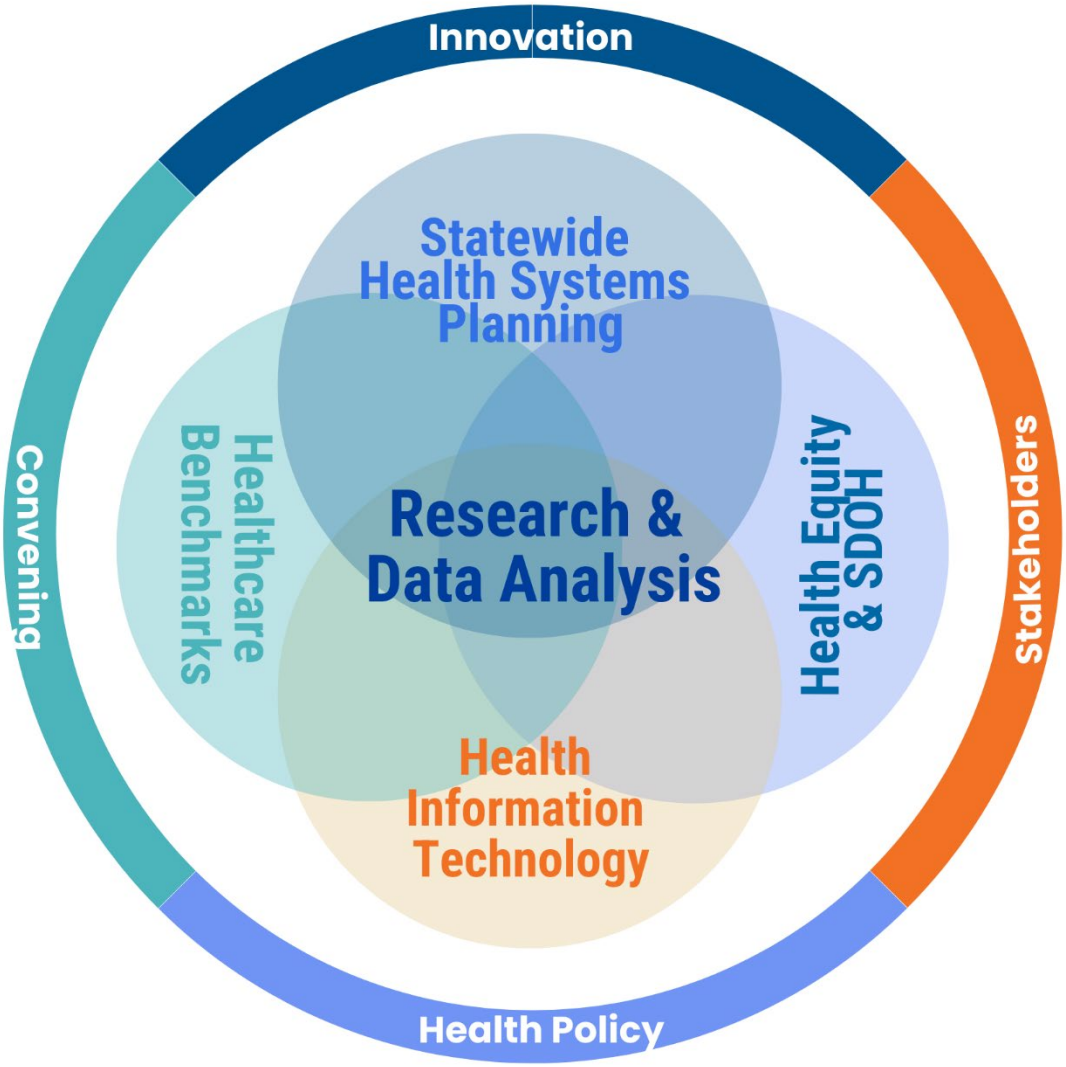
OHS also proposed legislative policy initiatives during the session that, while not adopted, furthered statewide discussion of critical issues impacting healthcare affordability, quality and equity. These initiatives addressed:

- Changes to All Payers Claims Database data submission requirements
- Enhancement of Cost Growth Benchmark accountability provisions
- Changes to Certificate of Need processes
- Establishment of a Prescription Drug Affordability Board
- Changes to transfer of ownership oversight of health care facilities and large group practices
- Increasing transparency in 340B prescription drug program reporting

OFFICE OF HEALTH STRATEGY ORGANIZATIONAL PERFORMACE

Improving healthcare access, equity, quality and affordability

The OHS organizational structure includes core strategic service lines focused on statewide health systems planning, healthcare benchmarks, health equity, health information technology, and extensive research and data analysis. Multidisciplinary teams within each service line work collaboratively on diverse initiatives, programs, policies, and publications with all efforts advancing the agency's mission.



OHS MAJOR INITIATIVES: Statewide Health Systems Planning

OHS leads health systems planning in Connecticut through regulatory, analysis and planning activities. These activities help shape Connecticut's efforts to address health care needs across diverse communities, assess the competitive environment and ensure equitable access to services.

- Certificate of Need (CON)

Connecticut's Certificate of Need (CON) program requires certain types of healthcare providers to get state approval before making major changes in the healthcare landscape such as establishment of some new healthcare facilities, certain ownership transfers, purchasing specific types of equipment, termination of services or other changes affecting access to care. OHS publishes the CON Guidebook to help applicants navigate this transparent and public process.

The CON team at OHS received 26 applications during the reporting period, a 53% increase over the prior year. The team completed 62 determinations and four modifications, negotiated 10 agreed settlements, and held nine public hearings. Enhancements to staffing in FY2024, combined with enhanced staff training, have expanded the team's capacity to complete comprehensive and timely applications reviews within statutorily defined parameters.

Application processing time has decreased by more than 50% over the last two years. The CON team has focused on improving clarity and transparency in the process through a dashboard of currently open CON dockets and proposed revisions to CON application forms that will be released in early FY2025. The CON program operates pursuant to Conn. Gen. Statutes Sec. 19a-612d, 19a-638 and 19a-639.

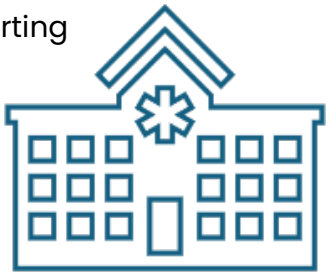
- Statewide Health Care Facility and Services Plan and Inventory

OHS develops and maintains the Statewide Health Care Facilities and Services Plan (the Plan), alongside a biennial inventory of all Connecticut health care facilities and services pursuant to Conn. Gen Statutes Sec. 19a-634. This Plan and accompanying inventory serve as an advisory document and a blueprint for health care delivery in Connecticut, by providing a resource for policymakers to understand the health care landscape and contributing information and guidelines as an input to OHS's evaluation of Certificate of Need applications.

As set out in Conn. Gen. Statutes Sec. 19a-639(a)(2), OHS must consider "the relationship of the proposed project to the state-wide health care facilities and

services plan" as one of the 12 factors in making CON decisions. The plan includes standards, guidelines, and methodologies for Acute Care Bed Need, Outpatient Surgery, Cardiac Services, Imaging Services/Equipment, Behavioral Health and Substance Use Disorder Treatment, and Labor and Delivery Services that, are also utilized in the Certificate of Need review process. OHS completed the first major revisions to the plan since 2012 during this reporting period and released the new plan for public comment on July 1, 2024.

- Hospital Financial Review and Reporting



Each year, OHS publishes an analysis of the fiscal stability of Connecticut's hospitals, highlighting industry trends and reporting individual hospital profiles pursuant to Conn. Gen. Statutes Sec. 19a-670. OHS published the Annual Report on the Financial Status of Connecticut's Short-Term Acute Care Hospitals for Fiscal Year 2022, September 2023based on data submitted by hospitals to the agency and made available to the public through the OHS Hospital Reporting System (HRS).

The report reinforced findings that healthcare, and specifically hospital services, are a significant driver of personal spending: per person spending for hospital outpatient and inpatient services grew 33.1% and 20.1% respectively. The report also documented aggregate statewide financial losses for hospitals of more than $206 million. Analysis of FY2023 data will be published in September 2024.

- Healthcare Industry Impacts

OHS also published the Impacts of Connecticut Hospital and Health Care System Consolidation (2016-2021) in March 2024. This detailed analysis, developed pursuant to Conn. Gen. Statutes Sec. 19a-613 and 19a-634, reviewed a dynamic period of consolidation within the state that caused 12 hospitals to have fewer competitors and greater market power. The report highlighted findings that:

- Faster price growth for inpatient and outpatient care was observed among hospitals impacted by consolidation – this was especially true for prices paid by private insurers
- A greater use of some high-profit services and less use of some low-profit services was observed among hospitals impacted by consolidation

- Evidence that consolidation did not substantially impact the overall amount of care provided, average length of stay, the types of patients receiving care or physician prices
- Hospitals impacted by consolidation had comparatively better operating margins

OHS plays a key role in helping Connecticut consumers, policymakers, providers, payers and advocates assess the capacity of behavioral health services to meet community needs. OHS initiated two coordinated studies in accordance with Public Act No. 22-47 subsections 57 and 58 including:

- Behavioral Health Coverage by Private Insurers Study
- Payment Parity Study

OHS presented a preliminary Report on Payment Parity And Behavioral Health Coverage By Private Insurers to the Transforming Children's Behavioral Health Policy and Planning Committee in March 2024. The full report will be published in early FY2025.

OHS MAJOR INITIATIVES: Health Benchmarks Initiative

The OHS Healthcare Benchmarks Initiative operationalizes requirements (Executive Order No. 5; Public Act No. 22-118, Sections 217-223)set in place by Governor Lamont to slow the growth rate of per capita healthcare spending while improving healthcare outcomes for all Connecticut residents. Initially begun in 2020, this work continues to grow in scope as cost drivers are identified and opportunities to improve healthcare affordability and quality emerge.

Healthcare Benchmarks Core Components 2023-2024
○ Setting an annual health care cost growth benchmark and primary care spending target
○ Developing and adopting healthcare quality benchmarks
○ Developing strategies, in consultation with stakeholders, to meet these benchmarks and targets
○ Enhancing transparency of provider entities
○ Monitoring the development and adoption of alternative payment methodologies in the state

Conn. Gen. Statutes Sec. 19a-754a, 19a-754g, 19a-754f

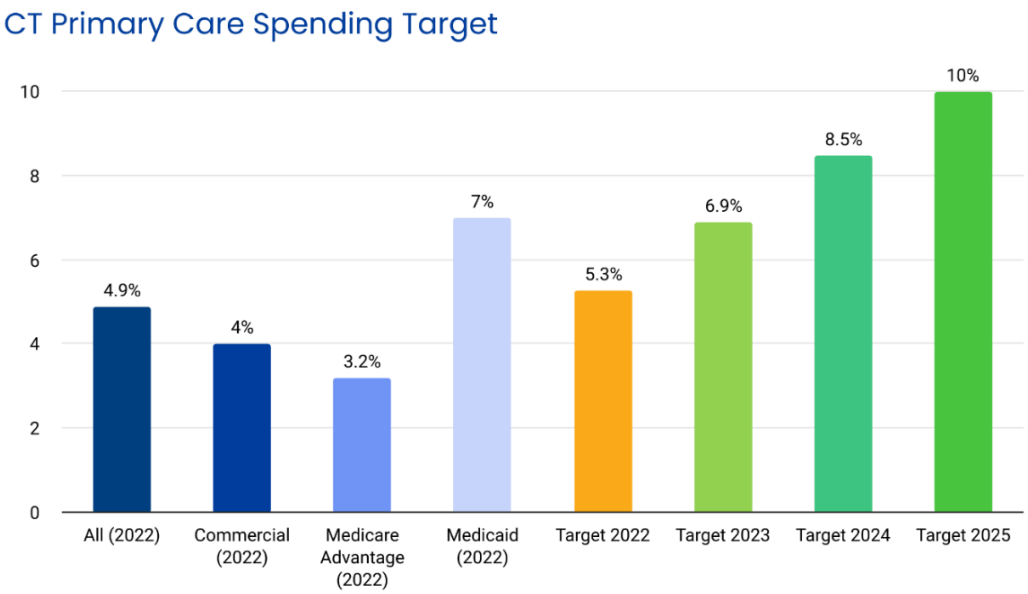
OHS published the following Healthcare Benchmark Initiative reports in May 2024 documenting healthcare cost growth drivers, performance on quality indicators for chronic disease, and progress towards the state's primary care spending target:

Cost Growth Benchmark Initiative 2021-2022 Performance – The second annual Connecticut Cost Growth Benchmark report shows that the state's total healthcare spending increased by 4.5% to 36.4 billion from 2021-2022. Adjusted for population growth, per person healthcare spending grew 3.4%, exceeding the 3.2% benchmark. Growth was driven by retail pharmacy and hospital outpatient expenses.

Quality Benchmark Initiative 2022 Performance – The first annual Quality Benchmark Initiative report assesses public and private payer and provider performance on key measures to improve health against targets set by the state for asthma, high blood pressure and diabetes management. OHS held a public

hearing in December 2023 to engage stakeholders in review of proposed modifications to Phase 1 and Phase 2 quality measures.

Primary Care Spend Target Initiative 2022 Performance - Statewide primary care spending accounted for 4.9% of all medical spending in 2022 (below the target of 5.3%). Commercial (4%) and Medicare Advantage (3.2%) markets fell below the target and Medicaid (7%) exceeded the target. The goal is to increase primary care spending to 10% of total healthcare spending by 2025.



The OHS Healthcare Benchmarks Initiative hosted an informational hearing in June 2024 to engage consumers, legislators, providers, payers, pharmaceutical companies and other key stakeholders in discussion of the report findings and implications. The hearing featured consumer testimony on the impact of high healthcare costs, a presentation on the Connecticut Health Affordability Index, presentations on healthcare cost drivers including pharmaceutical and hospital costs, as well as in-depth discussions on primary care practice transformation. Each year, the Healthcare Benchmarks Initiative also provides report findings, healthcare trends and policy recommendations to the Public Health and Insurance and Real Estate Committees in October.

Additional tools and analyses critical to understanding healthcare costs drivers have been developed to advance Connecticut's capacity to slow cost growth, including:

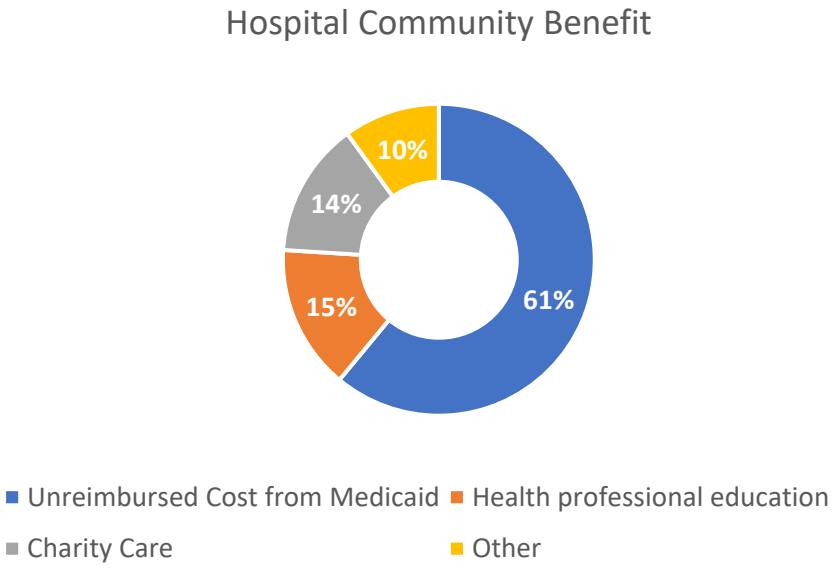
- Alternative Payment Models – OHS has undertaken an analysis of the adoption of alternative and advanced alternative payment models in Connecticut, as compared to the rest of the nation and the potential for these models to slow healthcare cost growth and enhance healthcare quality and equity. The analysis, which indicates Connecticut lags behind the rest of the country in adoption of the more advanced models, will be published in FY2025.
- Connecticut Healthcare Affordability Index (CHAI) – OHS collaborates with the Office of the State Comptroller, the Connecticut Health Foundation and researchers from the University of Washington School of Social Work Center for Women's Welfare to maintain the CHAI and the online CHAI Interactive Tool. These resources help policy leaders evaluate existing and proposed healthcare transformation models to determine the impact on health care affordability for Connecticut households. An updated CHAI brief was presented as part of the Healthcare Benchmarks Initiative informational hearing in June 2024 and will be published in early FY2025.
- Pharmacy Benefit Manager Study – OHS will conduct a study of pharmacy benefit manager (PBM) prescription drug distribution price activities with the Connecticut Insurance Department. The study will examine opportunities to reduce costs for consumers and recommend related regulations for PBMs in Connecticut.
- Prescription Drug Cost Transparency – Connecticut's a prescription drug cost transparency program requires drug manufacturers, pharmacy benefit managers, health plans, and others to report information that explains high price increases and high-priced new drugs. Analysis and reporting focus on drugs determined by OHS as critical to public health or creating a substantial cost to the state pursuant to Conn. Gen. Statutes Sec. 19a-754b.
- OHS continues to develop additional dashboards designed to make critical data accessible to policymakers, providers, researchers and consumers. The team has worked throughout the reporting period on new tools to be published online in FY2025 featuring cost drivers such as pharmacy and hospital expenses.

OHS MAJOR INITIATIVES: Health Equity and Social Determinants of Health

Ensuring access to high-quality, affordable healthcare services for all Connecticut residents requires investment in innovation, commitment to health equity and the ability to translate strategy into action. OHS strategic initiatives connect these concepts and focus statewide attention on opportunities to improve health care quality, and reduce disparities in access to care and in health outcomes.

- Community Benefit Reporting

Hospitals play a significant role in addressing disparities in access to care and healthcare outcomes. The U.S. Internal Revenue Service and the state of Connecticut require nonprofit hospitals to provide services and activities for the benefit of the community to maintain their tax-exempt status.



The federal definition of community benefit includes a broad range of activities and services such as financial assistance at cost (also known as charity care), unreimbursed costs from means-tested government programs like Medicaid, health professional education and community health services. Connecticut has expanded the definition of community benefit to also include activities that promote preventive health care, improve health equity by reducing disparities and improve overall population health in the area served by the hospital.

OHS performed an analysis of Connecticut's hospital community benefit activity over a period of five years pursuant to Conn. Gen. Statutes Sec. 19a-127k and published a draft report for public comment in April 2024. Hospitals' Community Benefit Summary and Analysis Report 2022 highlighted the following observations:

- Charity care, which is free or discounted care for patients that meet eligibility requirements, has declined by $88.6 million from 2016-2022, a 25.7% drop.
- Connecticut hospitals have varying financial assistance policies, and several nonprofit hospitals have income limits for receiving charity care that are less generous or the same as for-profit hospitals not receiving tax-exemptions.
- Community benefit expense reporting lacks transparency. Clarity on how expenses are calculated is needed since current calculations are reported as a net aggregate total to the IRS and the State. In addition, calculations are not standardized and may vary from hospital to hospital. Healthcare Benchmarks Initiative

OHS promotes health and wellness for all state residents and collaborates with public and private partners to address disparities in access to healthcare services and health outcomes. These collaborations leverage the expertise, resources and reach of state and federal agencies, consumers, health advocacy organizations, academic institutions, foundations and others to bring innovation to Connecticut.

- Community Health Worker Advisory Body – OHS convenes and supports the Community Health Worker Advisory Body to guide the Department of Public Health on educational and certification requirements for training programs for Community Health Workers. OHS also supports the advisory body in reviewing and approving training vendors to provide these educational programs.
- Covered Connecticut (CoveredCT) – OHS partners with the Department of Social Services, pursuant to Public Act No. 21-2, sections 15-19, to bring no-cost health, dental and non-emergency medical transportation insurance to Connecticut residents between the ages of 19-64 who do not qualify for Medicaid but may not be able to afford employer-sponsored plans or plans offered through Access Health CT. OHS outreach grantees supported health insurance enrollment for 13,015 individuals in FY2024, including 853 individuals enrolled in CoveredCT and 11,821 enrolled in Medicaid. Targeted outreach will continue in FY2025.
- Family Bridge – OHS works closely with the Office of Early Childhood, and the Departments of Children and Families, Public Health and Social Services, to provide families of newborns with support from registered nurses and community health workers in the first weeks after birth. Family Bridge teams provide health

and wellness exams, education and resources as well as referrals for services during visits to the family's home. The program, initially launched in the greater Bridgeport area, will expand to serve southeast Connecticut, including Norwich and surrounding towns.

- Health Enhancement Communities – OHS completed administration of funds from the U.S. Office of Minority Health supporting health enhancement activities. The Greater Middletown and Eastern Connecticut Health Collaborative Health Enhancement Communities executed activities supported by a federal grant to *Reduce Disparities in Maternal and Nutrition-Related Outcomes in Connecticut.*
- Social Determinants of Health Summit – OHS, in collaboration with the state's health and human service agencies, the Office of the State Treasurer, Connecticut Health Foundation, Health Equity Solutions, Chrysalis Center and other partners hosted the inaugural Social Determinants of Health Summit. The summit welcomed hundreds of attendees to a full-day exploration of health-related social needs and promising practices to meet community need. Featured presentations included:

Communities as Leaders	Public-Private Partnerships	Spotlights
Leveraging Multistakeholder Participation to Address SDOH Needs Through Community Engagement	Improving Access to Safe and Affordable Housing for Vulnerable Populations	Accelerating Equity and Achieving Better Health Outcomes Through Effective Use of SDOH Data
Improving Economic Security to Impact Health and Well-Being through Unrestricted Cash Pilots	Improving Maternal and Infant Health Outcomes and Social Needs through Universal Nurse & Community Health Worker Home Visiting	Community Health Workers (CHWs)
Improving Access to Affordable, Nutritious, and Culturally Connected Foods to Promote Health and Well-Being Across Connecticut	Navigating Change: Coordinating Homeless Outreach Systems of Care in CT	Healthcare Professionals

Connecticut AHEAD – OHS led a collaborative effort with the Department of Social Services to apply to the U.S. Centers for Medicare and Medicaid Services (CMMI) to be selected for participation in the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model. The AHEAD model is a new, voluntary, total cost of care model that provides opportunities for hospitals and primary care practices to participate in alternative payment models. AHEAD focuses on improving population health, advancing health equity by reducing disparities in health outcomes and curbing healthcare cost growth.

CMMI announced Connecticut's selection to participate in the AHEAD model federal demonstration project in July 2025. Connecticut will receive $12 million over five years to develop and implement the model. Connecticut AHEAD will provide additional resources to strengthen a statewide approach to meeting the target benchmarks set for investments in primary care, chronic disease management, health equity and cost growth as defined by the Healthcare Benchmarks Initiative.

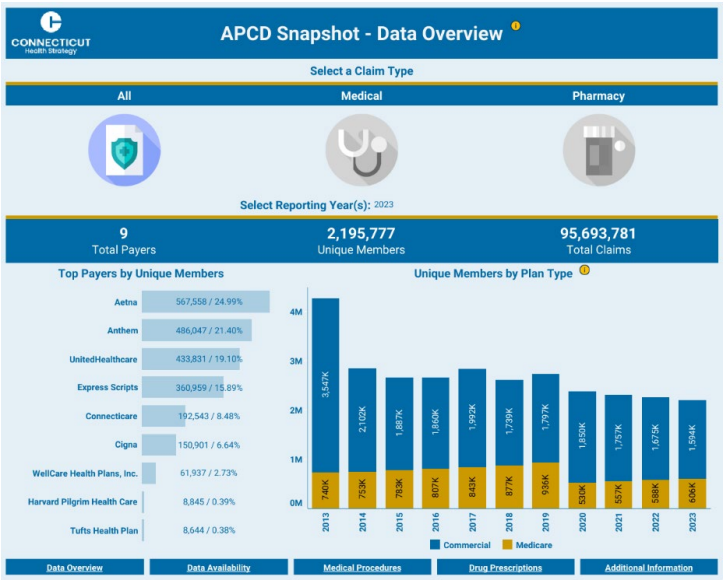
OHS MAJOR INITIATIVES: Research and Data Analysis

Health research and data analysis provide a firm foundation for the entire OHS agency scope of work. The collection, dissemination, and analysis of health care service, quality and claims data informs OHS and other agency reports, policy proposals, regulatory functions and other initiatives designed to support cost-efficient, high-quality, accessible healthcare service design and delivery in Connecticut.

- All-Payer Claims Database (APCD)

OHS administers the All-Payer Claims Database (APCD), collecting data from major healthcare payers including commercial insurers, Medicare fee-for-service, Medicare Advantage and Medicaid. Data and APCD data analyses help policymakers, payers, providers and the public better understand healthcare service delivery and consumption across the state.

APCD data documents the number of people insured, medical procedures performed, drugs prescribed and costs to both health plans and consumers. APCD data makes it possible for OHS and others to assess trends and changes in health care utilization and cost over time. OHS continues to expand internal and state agency use of the approximately 2.2 billion claims records collected from 2012 to date.



OHS provides an overview of the data available through the APCD Snapshot.

The work of the OHS APCD staff team receives guidance and support from the APCD Advisory Group and the APCD Data Release Committee. Data updates occur quarterly. In addition, the OHS APCD team completed the following key activities in SFY2023-2024:

- implemented the APCD Advisory Group approved updated APCD data submission guide

- health insurance carriers began reporting dental and fully denied claims as well as improved race, ethnicity, and language data to the APCD
- performed or contracted with others to perform 20 data analyses utilizing APCD data to support CON decision-making, Healthcare Benchmark Initiative implementation, healthcare price transparency and containment policy, and legislative activities
- released a preliminary list of top ten outpatient prescription drugs provided at substantial cost or otherwise critical to public health pursuant to Conn. Gen. Statutes Sec. 19a-754b(d)

APCD data powers analyses and tools utilized by the agency to achieve its mission, including the Certificate of Need program and related Cost and Market Impact Reviews, the Statewide Healthcare Facility and Services Inventory, the Healthcare Benchmark Initiatives, Prescription Drug Cost Transparency program and other efforts. HealthScoreCT, an OHS-supported online resource dedicated to providing Connecticut residents with useful information about healthcare and healthcare coverage quality, cost and affordability, also relies on APCD data.

OHS developed an enhanced cost-estimator tool for HealthScoreCT during the reporting period to aid healthcare consumers in comparing costs for common procedures. The tool has been refined with input from key stakeholders, including hospitals and payers and will be launched early in FY2025.

- Hospital patient discharge, financial and facility fees data

OHS maintains a warehouse of clinical data submitted by short-term acute care hospitals and freestanding surgical facilities since fiscal year 1991. These facilities submit inpatient discharge, emergency department, and outpatient surgical encounter data biannually to OHS pursuant to Conn. Gen. Statutes Sec. 19a-654. OHS implemented the collection of hospital on -and off-campus facility fee data following 2023 legislative changes to Conn. Gen. Statutes Sec. 19a-508c. OHS provides public access to this data through the Hospital Reporting System and Hospital Reporting System Financial Documents portals.

OHS MAJOR INITIATIVES: Health Information Technology

OHS provides critical leadership of Health Information Technology (HIT) initiatives on both agency and statewide levels. OHS also leads the process of setting statewide healthcare technology standards, and designs and implements the state's Five-Year Health Information Technology Plan

- Health Information Exchange (HIE)

OHS provides administrative oversight for Connecticut's Health Information Exchange (HIE) per Conn. Gen. Statutes Sec. 17b-59d. OHS established the Health Information Alliance, Inc. operating under the brand name Connie to manage the technical development, implementation and operations of the HIE. OHS continues to work collaboratively with Connie to expand use of the HIE to enhance care coordination and reduce unnecessary cost by enrolling and supporting diverse providers. OHS has engaged stakeholders in development of HIE regulations to guide future operations.

Connie has grown significantly since its establishment in 2021 and today documents more than 374,000 weekly encounters, from more than 2,900 connected organizations. OHS worked closely with Connie during the reporting period to assist behavioral health providers with enrolling and uploading clinical data.

- Race, Ethnicity, and Language Data Standard and Implementation

OHS leads statewide planning and implementation of race, ethnicity, and language (REL) data standards designed to ensure state and private healthcare systems' data collection activities reflect the diversity of the state population. These efforts align with Conn. Gen. Statutes Sec. 19a-754d, through Public Act No. 21-35, and represent a critical component of Connecticut's commitment to documenting and addressing health disparities by accurately measuring the experience of all populations.

OHS leads the continued development of REL data standards to coordinate with federal initiatives and completed significant work during the reporting period to update the agency's REL Toolkit and related documents to comply with federal OMB Statistical Policy Directive No. 15, expanding data collection standards to include the disability community for the first time.

OHS leads REL data standard implementation efforts with state health and human service agencies and partners with community resources to support private healthcare providers. The Connecticut Health Foundation launched the REL

collaborative learning network in partnership with Yale University's Equity Research and Innovation Center (ERIC) and Global Health Leadership Initiative (GHLI). The network continues to meet and operate in partnership with OHS.

- Statewide Health Information Plan (Five-Year)

Connecticut's Statewide Health Information Plan establishes electronic standards for security, privacy, data content, structures and format, limits use of social security numbers, establishes HIPAA compliance requirements, requires audit trials for uses of personally identifiable information, aligns to national standards, permits health information interoperability and supports compatibility with electronic health systems. The state's first plan, established under Conn. Gen. Statutes Sec. 17b-59a, was published in 2022 and extends through 2026. The plan identifies six key areas of focus:

Focus Area 1	Increase and sustain use of Connie's Statewide HIE services
Focus Area 2	Implement systems to improve health equity and address health-related social needs
Focus Area 3	Improve service coordination and data sharing across state health and human service agencies
Focus Area 4	Support behavioral health providers and with adoption of electronic health record and HIE services
Focus Area 5	Protect the privacy of individual and family health information
Focus Area 6	Establish data standards to facilitate development of integrated electronic health information systems

Healthcare Tools and Dashboards

OHS maintains tools and dashboards designed to guide policymakers, providers, consumers, and other key stakeholders in making informed decisions to advance health policy in support of access, equity, quality, and affordability. These tools provide transparent and timely data to support analysis by OHS and the public.

- All-Payer Claims Database Snapshot – Provides users with dashboards to explore data available from participating health plans including insurance coverage, medical procedures, prescriptions and costs
- Certificate of Need (CON) Portal - Provides users with a portal to submit certificate of need applications and supporting document or view submitted applications and documentation
- Community Benefits Portal – Provides a data submission tool for hospitals to report required community benefit documents to OHS
- Connecticut Health Affordability Index (CHAI) – Provides users with tools to measure the impact of healthcare costs, including premiums and out-of-pocket expenses on a household's ability to afford basic needs
- HealthscoreCT – Helps users evaluate the quality, costs, and affordability of healthcare services and coverage
- Hospital Reporting System (HRS) – Allows users to access annual and 12-month filing reports for hospitals including data on affiliates, corporate assets, charity care and funds for charity beds, debt collection policies, compensation of highest paid employees, trauma activation fees and other financial data
- Hospital Reporting System (HRS) Financial Documents – Allows users to access hospital financial documents including audited financial statements, Medicare cost reports, officers and directors, uncompensated care policies, organization charts, IRS Form 990 and other related documents
- Notifications and Filings – Other Required Filings - Provides access to hospital facility fees, facility fees charged to patients, information about group medical practices, medical foundations, hospital inpatient and outpatient charges for services and items, and specialty hospital audited financial statements
- OHS Data Compendium – Provides an online guide to all OHS databases and explains why each data set is collected, and how to access data
- Prescription Drug Reporting System – Provides an online portal for prescription drug sponsors and manufacturers to report required notices and data

Healthcare Stakeholders & Advisors

OHS convenes stakeholders across multiple sectors to engage Connecticut policymakers, providers, consumers, payers, pharmaceutical representatives, employers and others in health policy development, data analysis and regulation. The following councils, committees, and work groups contribute meaningful perspective to the OHS mission and to statewide efforts to address health care cost growth, quality and accessibility.

Charters, meeting announcements, meeting agendas, membership lists, presentations and publications documenting the work of each group appear on the OHS website.

- APCD Advisory Council
- APCD Data Release Committee
- Community Health Worker Advisory Body
- Healthcare Cabinet
- Healthcare Benchmark Initiative Data Analytics Workgroup
- Healthcare Benchmark Initiative Quality Council
- Healthcare Benchmark Initiative Steering Committee
- Health Information Technology Advisory Council (HITAC)
- HITAC HIE Regulations Advisory Subcommittee
- Statewide Health Care Facilities and Services Plan Physician Practice Advisory Work Group

OHS also convenes stakeholders through both public and informational hearings, summits, listening sessions and other activities throughout the year. This includes collaborative efforts with other state health and human service agencies as well as public-private partnerships to support key initiatives.

INFORMATION REPORTED AS REQUIRED BY STATE STATUTE

Statute	Report	Publication Date
Conn. Gen. Statutes § 19a-670	Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals	September 2023
Public Act No. 21-35 Section 11	Connecticut Race, Ethnicity and Language (REL) Data Collection Standards Version 3.0	September 2023
Public Act No. 21-35 Section 11	Race, Ethnicity and Language (REL) Data Collection Implementation Plan Version 3.0	September 2023
Public Act No. 21-35 Section 11	Connecticut Master REL Implementation Toolkit Version 3.0	September 2023
Public Act No. 22-47, Secs. 57, 58	Report on Payment Parity and Behavioral Health Coverage By Private Insurers – Presentation to Children's Behavioral Health Policy and Planning Committee	March 2024
Conn. Gen. Statutes § 19a-613 and §19a-634	Impacts of Connecticut Hospital and Health Care System Consolidation (2016-2021)	March 2024
Public Act No. 23-171 Section 8	Top Ten List of Outpatient Prescription Drugs	March 2024
Conn. Gen. Statutes § 19a-127k	Hospitals' Community Benefit Summary and Analysis Report 2022	April 2024
Conn. Gen. Statutes § 19a-754h	Cost Growth Benchmark Initiative 2021-2022 Performance	May 2024
Conn. Gen. Statutes § 19a-754h	Quality Benchmark Initiative 2022 Performance	May 2024
Conn. Gen. Statutes § 19a-754h	Primary Care Spend Target Initiative 2022 Performance	May 2024
Conn. Gen. Statutes § 19a-639(a)(2)	Statewide Health Care Facilities and Services Plan	June 2024

Statute	Previously Published Reports in Use	Publication Date
Conn. Gen. Statutes § 19a-634c	Statewide Health Care Facilities and Services Inventory 2022	2022
Conn. Gen. Statutes § 17b-59b	Connecticut Statewide Health Information Technology Plan 2022-2026	February 2022
Conn. Gen Statutes § 19a-754b	Prescription Drug Reporting System	2023
Conn. Gen. Statutes § 19a-639(a)(2)	CON Guidebook	April 2023