CONNECTICUT
Health Strategy

HEALTHCARE BENCHMARK INITIATIVE STEERING COMMITTEE
Meeting Minutes
March 24, 2025 | 3:00 – 5:00 p.m. EDT
In Person at 450 Capitol Avenue, Hartford

ATTENDANCE:

By Electronic Device:

Francois de Brantes
Gail Kosyla
Susan Millerick
Padmanabhan Premkumar (for Jim Cardon)
Chris Ulbrich
Josh Wojcik

In Person:

Tim Archer
Joanne Borduas
Mehul Dalal
Ellen Carter (for Tiffany Donelson)
Judy Dowd
Deidre Gifford (Chair)
Paul Grady
Angela Harris
Kathy Holt
Andy Markowski
Cassandra Murphy
Lori Pasqualini
Kathy Silard
Marie Smith
Stephen Traub

Absent:

Ayesha Clarke
Lou Gianquinto
Paul Lombardo
Chris Manzi
Chris Marsh
Mark Meador
Kristen Whitney-Daniels

Other Participants:

Alex Reger
Wendy Fuchs
Patty Blodgett
Boyd Jackson
Lisa Sementilli
Michael Bailit
Matt Reynolds

WELCOME, ROLL CALL, AND AGENDA REVIEW

Deidre Gifford called the meeting to order and asked Alex Reger to conduct a roll call. There was a quorum present. Deidre then reviewed the agenda for the meeting.

APPROVAL OF JANUARY MEETING MINUTES

Paul Grady motioned to approve the January meeting minutes. Another member seconded the motion. The Steering Committee approved the minutes.

PRELIMINARY 2023 COST GROWTH BENCHMARK RESULTS

Michael Bailit reported that per capita commercial Total Medical Expense (TME) growth was 6.2% in 2023. Michael noted that cumulatively, commercial market per capita TME growth grew by 25% from 2019 to 2023, while median household income grew 15.9% over this time period. Michael noted that Medicare had the highest rate of per capita spending growth in 2023 at 13.2%, while Medicaid was the only market to have met the cost growth benchmark. Michael shared that per capita Total Healthcare Expenditures grew 7.8%, the highest rate since the start of the Healthcare Benchmark Initiative. Finally, Michael noted that all of Connecticut's largest insurers exceeded the cost growth benchmark for both the commercial and Medicare Advantage markets. Michael explained that Aetna's Medicare Advantage trend was high due to

assumption of the state retiree plan, while UnitedHealthcare's Medicare Advantage trend was high due to a new capitation agreement for a single Advanced Network contract.

- Angela Harris asked how many Connecticut residents were impacted by Aetna's high trend. Michael replied that he could share these data but did not have them on hand.
- Lori Pasqualini noted that the trend of healthcare spending increasing at a higher rate than median household income was unacceptable and unsustainable. Lori said she thought the Certificate of Need process needed to be reformed.

PRELIMINARY 2023 PRIMARY CARE SPENDING TARGET RESULTS

Michael Bailit shared that Connecticut did not meet the primary care spending target in 2023; the proportion of overall spending allocated to primary care actually decreased from 4.8% in 2022 to 4.5% in 2023. Michael noted that Medicaid met the primary care spending target, while the commercial and Medicare Advantage markets did not. Further, no commercial or Medicare Advantage payer met the primary care spending target.

- Ellen Carter asked if the data were adjusted by age. Michael replied that they were not.
- Paul Grady expressed disappointment in the primary care spending target results. He said payers were not doing enough to increase spending on primary care, and had no incentive to do so. Paul thought Connecticut could learn from actions taken in Rhode Island to improve primary care.

PRELIMINARY 2023 QUALITY BENCHMARK RESULTS

Michael Bailit shared that insufficient exchange and incorporation of clinical data by providers and payers continued to limit OHS' ability to assess performance for *Controlling High Blood Pressure* and *HbA1c Poor Control* at the Advanced Network level. Michael also noted that UnitedHealthcare again did not provide Advanced Network-level quality performance data for its Medicare Advantage population, exacerbating the challenge of assessing Advanced Network-level performance for the Medicare Advantage market, specifically. Michael shared that Connecticut met the 2023 Quality Benchmarks for every measure except *Asthma Medication Ratio* for ages 5-18, which was not met for either applicable market (commercial or Medicaid). Michael then shared that all Medicare Advantage payers met both applicable Quality Benchmarks, while most commercial payers met at least 3 (if not all 4) of the Quality Benchmarks, with the exception of UnitedHealthcare.

- Padmanabhan Premkumar asked how Quality Benchmark performance may relate to primary care spending target performance. Deidre Gifford replied that good performance on the Quality Benchmark measures involves prioritization of chronic disease management in primary care to prevent more costly care down the road.

UPDATE ON 2025 LEGISLATIVE PROPOSALS

Boyd Jackson provided an overview of legislative proposals related to private equity transactions, Certificate of Need, the cost growth benchmark, healthcare affordability, prescription drug pricing, and the Health Care Cabinet.

Boyd provided greater detail for HB 7115: Revisions to the Health Care Cost Growth Benchmark Program. The bill language includes:

- a requirement for plan administrators to ask employers with self-funded employee health plans to opt-in to providing data required for the benchmark, and
- clarifying that entities "participate" in the benchmark hearing "in a form and manner specified by the commissioner."

Kathy Silard stated that she continued to be concerned about the data used for the cost growth benchmark program. She cited discrepancies in the number of members attributed to Stamford Medical Group, pointing to no Medicaid members having been attributed to Stamford for 2023.

- Michael Bailit responded, explaining that in the spring of 2024 OHS convened a work group at Advanced Network request to discuss attribution issues. The outcome of this process was a decision endorsed by both Advanced Networks and insurers that OHS would request TINs for each Advanced Network, which OHS would then provide to insurers. The insurers were instructed to use these TINs for attribution to make certain that they were attributing their members to Advanced Networks appropriately. Michael explained that Stamford Medical Group did not provide the requested TIN to OHS, despite multiple requests, and for this reason Medicaid did not provide spending data for Stamford Medical Group. Michael noted that another product of the attribution work group was that insurers were now reporting the methodology through which patients were attributed to an Advanced Network. Michael noted that OHS provides each Advanced Network with attributed lives by insurer, so if any insurer-specific counts are inconsistent with Advanced Network data, the Advanced Network should notify both OHS and the insurer.

Angela Harris asked what calls to action OHS had for the legislature. Deidre Gifford pointed to OHS' October report to the legislature, which contained a number of recommendations that were currently being taken up by the legislature.

Marie Smith asked if OHS had any updates on the AHEAD Model given that it could provide a means to addressing some of the issues identified through the Healthcare Benchmark Initiative. Deidre Gifford replied that CMS had notified OHS that AHEAD would proceed.

Angela Harris asked how Connecticut was positioning itself to protect Connecticut residents on Medicaid given current federal threats to the program. Mehul Dalal replied that DSS was monitoring and preparing for the various possibilities.

PUBLIC COMMENT

Deidre Gifford offered the opportunity for public comment. No member of the public offered a comment.

NEXT STEPS & MEETING ADJOURNMENT

Stephen Traub made a motion to adjourn, which was seconded by Kathy Silard. The meeting adjourned at 4:52 pm.

Healthcare Cost Growth Benchmark Initiative Steering Committee Meeting Materials:
https://portal.ct.gov/OHS/Pages/Healthcare-Benchmark-Initiative-Steering-Committee/Meeting-Agendas