CT Healthcare Benchmarks Initiative:

2026-2030 Cost Growth and Quality Benchmarks and Primary Care Spending Targets

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Cost Growth Benchmarks for 2026–2030

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Statutory Requirements: Cost Growth Benchmark and Primary Care Spending Target

- Connecticut General Statute (C.G.S.) § 19a-754g states that "**not later than July 1, 2025**, and every five years thereafter, the commissioner shall **develop and adopt annual health care cost growth benchmarks and annual primary care spending targets for the succeeding five calendar years** for provider entities and payers."
- C.G.S § 19a-754g goes on to say that "the commissioner shall consider (i) any historical and forecasted **changes in median income** for individuals in the state and the **growth rate of potential gross state product**, (ii) the **rate of inflation**, and (iii) the most recent report prepared by the commissioner" on **the state's total health care expenditures**.

Healthcare Cost Growth Benchmark: OHS Adopted Values

Calendar Year	Benchmark Values
2021	3.4%
2022	3.2%
2023	2.9%
2024	*4.0%
2025	2.9%

Calendar Year	OHS Proposed Benchmark Values
2026	2.8%
2027	2.8%
2028	2.8%
2029	2.8%
2030	2.8%

*Modified from 2.9% to account for the delayed impact of inflation in 2021 and 2022

Benchmark Setting Process

- OHS convened a Technical Team of local and national experts in fall 2024 and charged it with recommending the following to OHS:
    1. Annual healthcare cost growth benchmarks across all payers and populations for CYs 2026-2030
    2. Primary care spending targets, as a share of total health care expenditures, across all payers and populations for CYs 2026-2030
- The Technical Team was also asked to center health equity in its recommendations as well as provide advice on other components of the initiative.

Technical Team Benchmark Recommendations

1. Use **average forecasted median household income from 2024 to 2034** as the indicator for the 2026-2030 healthcare cost growth benchmarks.
   - » Establishes that the share of residents' income going to healthcare should not grow faster than their income.

2. Apply a **downward adjustment** to the benchmark in the later years to account for the excess costs that are already built into the system.
   - » Spending is already unaffordable. Continued growth will make it even more so, particularly in the commercial market.

OHS Adopted 2026-2030 Benchmarks

The recommended benchmark values:

- recognize the high burden of healthcare costs in Connecticut, and
- acknowledge that restraining spending growth across all three markets to the rate of median household income growth would be a substantive step towards affordability

OHS differences from the Technical Team recommendations:

- did not recommend the out-year downward adjustments, and
- used projected 2026-2030 median household income values

By basing the value on median household income and continuing to vigorously advocate for the benchmark as an integral part of health pricing discussions in the state, OHS hopes to optimize the chances of achieving real savings for consumers and employers.

Primary Care Spending Target, 2026-2030

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Connecticut's Primary Care Spending Target

Purpose:

- Rebalance where healthcare dollars are going
- Strengthen improved primary care delivery

Good primary care can:

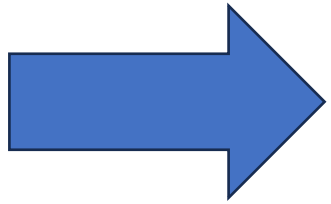
- Eliminate avoidable ED, urgent care use. Mitigate costs and improve management of chronic conditions
- Promote prevention, wellness; address social determinants of health and improve equity

Technical Team Charge on Primary Care Spending Target

- Recommending primary care spending targets, as a share of total health care expenditures, across all payers and populations for 2026-2030
- Centering health equity and primary care spending target performance
- Reviewing other states' approaches to primary care spending targets

Primary Care Spending Targets

Calendar Year	Target Values
2021	5.0%
2022	5.3%
2023	6.9%
2024	8.5%
2025	10.0%



Calendar Year	Technical Team Recommended and OHS Proposed Target Values
2026	10.0%
2027	10.0%
2028	10.0%
2029	10.0%
2030	10.0%

Quality Benchmarks 2026 – 2030

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Quality Benchmarks

Purposes:

- Address the **most significant health needs** of Connecticut residents including patient safety and patient care experience by measuring overall quality
- Offer a balancing perspective to **protect patient interests in the context of the CGB**
- Promote **health equity** by assessing data and literature to identify RELD disparities
- **Minimize administrative burdens** for payers and clinicians

Quality Benchmarks

- Connecticut General Statute (C.G.S.) § 19a-754g states that not later than July 1, 2025, and every five years thereafter, OHS develops and adopts annual health care quality benchmarks for the succeeding five calendar years, for provider entities and payers.

- Analysis by payer, market and Advanced Network produced annually

Healthcare Benchmark Initiative Quality Council

- OHS' Quality Council holds ~ 10 meetings/year to develop and maintain Quality Benchmarks, and other quality-related activities
- Includes clinicians, patient advocates, payers, administrators and population health experts
- The Council reviewed the latest (2023) performance data by market in relation to national and New England benchmarks to set **ambitious yet achievable** targets for 2026-2030

Commercial Quality Benchmarks

Commercial Quality Benchmarks						
Measure Name		**2026**	**2027**	**2028**	**2029**	**2030**
Colorectal Cancer Screening		77.7	77.7	77.7	77.7	77.7
Controlling High Blood Pressure		72.0	72.9	73.9	74.8	75.8
Glycemic Status > 9.0%		21.3	20.5	19.8	19.2	18.5
Immunizations for Adolescents		28.0	30.3	32.8	35.5	38.4
Prenatal and Postpartum Care	Timeliness of Prenatal Care	87.7	89.2	90.7	92.3	93.9
	Postpartum Care	90.4	91.2	92.1	93.0	93.9
REL Data Completeness		TBD	TBD	TBD	TBD	TBD

Medicaid Quality Benchmarks

Medicaid Quality Benchmarks						
Measure Name		**2026**	**2027**	**2028**	**2029**	**2030**
Colorectal Cancer Screening		31.6	33.1	34.7	36.4	38.1
Controlling High Blood Pressure		71.4	72.4	73.4	74.4	75.4
Glycemic Status > 9.0%		27.8	26.3	24.9	23.6	22.4
Immunizations for Adolescents		39.8	41.9	44.1	46.3	48.7
Prenatal and Postpartum Care	Timeliness of Prenatal Care	93.7	93.7	93.7	93.7	93.7
	Postpartum Care	89.0	89.2	89.5	89.7	90.0
REL Data Completeness		TBD	TBD	TBD	TBD	TBD

Medicare Advantage Quality Benchmarks

Medicare Advantage Quality Benchmarks					
Measure Name	**2026**	**2027**	**2028**	**2029**	**2030**
Colorectal Cancer Screening	75.2	76.4	77.6	78.8	80.0
Controlling High Blood Pressure	76.8	77.6	78.4	79.2	80.0
Glycemic Status > 9.0%	15.6	14.3	13.1	12.0	11.0
REL Data Completeness	TBD	TBD	TBD	TBD	TBD