



CONNECTICUT

Health Strategy

Healthcare Benchmark Initiative

Proposed 2026–2030 Quality Benchmarks

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Commissioner

Pursuant to [Conn. Gen. Statute §19a-754g](#)

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Development of Proposed Quality Benchmarks

[Conn Gen. Statute § 19a-754g](#) directs the Office of Health Strategy (OHS) to adopt annual quality benchmarks for 2026–2030 and every five years thereafter. The quality benchmarks complement OHS’s healthcare cost growth benchmarks and primary care spending targets by offering a balancing perspective on health system performance, illuminating areas where opportunities for quality improvement exist while also protecting patients’ interests in the context of a cost growth benchmark. Quality benchmarks are set for each market (commercial, Medicaid, and Medicare Advantage) based on current performance within each market. Not all quality benchmark measures apply to all markets.

OHS asked its Quality Council to recommend 2026–2030 quality benchmarks. The OHS [Quality Council](#) developed recommendations for quality benchmarks for 2026–2030 during monthly meetings held between January and June 2025. The Quality Council holds two-hour meetings every month to support the State with the development and maintenance of its Aligned Measure Set, quality benchmarks, and other quality-related activities. The Quality Council roster can be found [here](#).

The Council started by reviewing the relevant statutory requirements as well as performance to date on, and experience with, the 2022–2025 quality benchmarks. Next, the Council revised its previously established criteria for informing the selection of quality benchmark measures. The Council then discussed its desired number of quality benchmarks to set, ultimately landing on six, and determined that the 2026–2030 quality benchmarks would be limited to healthcare measures (and not measures of health status).

The Council reviewed candidate measures, taking into consideration each measure’s status in OHS’s [Aligned Measure Set](#), the extent to which payers were using each measure in value-based contracts, the measure’s steward and data source, its potential applicability for Connecticut’s participation in CMS’ AHEAD model, and recent commercial and Medicaid performance for the measure.

After deciding upon the six quality benchmark measures, the Council again reviewed performance for each measure by market (commercial, Medicaid, and Medicare Advantage), this time in relation to published national and New England benchmarks, to set ambitious yet achievable targets for quality performance in 2030. OHS then calculated target values for 2026–2029 based on the latest baseline performance data and the 2030 target, using a Compound Annual Growth Rate.

Proposed 2026–2030 Quality Benchmarks

The Quality Council recommends the following measures and associated values:

Commercial Quality Benchmarks						
Measure Name		2026	2027	2028	2029	2030
Breast Cancer Screening		84.1	84.3	84.6	84.8	85.0
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	Timeliness of Prenatal Care	87.7	89.2	90.7	92.3	93.9
Postpartum Care	Postpartum Care	90.4	91.2	92.1	93.0	93.9

Medicaid Quality Benchmarks						
Measure Name		2026	2027	2028	2029	2030
Breast Cancer Screening		59.4	61.3	63.3	65.4	67.5
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

Medicare Advantage Quality Benchmarks					
Measure Name	2026	2027	2028	2029	2030
Breast Cancer Screening	75.2	76.3	77.5	78.8	80.0
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