



CONNECTICUT

Health Strategy

Healthcare Benchmark Initiative

Quality Benchmark

2023 Performance

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

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Commissioner

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Acronym Glossary

DSS	Department of Social Services
NCQA	National Committee of Quality Assurance
OHS	Office of Health Strategy
PCMH+	Person-Centered Medical Home Plus

Executive Summary

Connecticut state law ([C.G.S. § 19a-754f et. Seq.](#)) requires the Office of Health Strategy (OHS) to develop and measure healthcare quality benchmarks. The Quality Benchmarks, which are part of the larger Healthcare Benchmark Initiative, ensure that Connecticut continues to prioritize healthcare quality even while the state strives to improve affordability and accessibility.

This Office of Health Strategy Quality Benchmark report shares the results of the statewide quality benchmarks at the market (i.e., commercial, Medicaid, and Medicare), insurer, and Advanced Network (i.e., provider network or AN) level for the 2023 calendar year. The report shows that Connecticut met its quality benchmarks statewide, as shown below:

Statewide Quality Benchmark Performance by Market

Market	Asthma Medication Ratio (ages 5-18)	Asthma Medication Ratio (ages 19-64)	Controlling High Blood Pressure	HbA1c Poor Control
Commercial	Did not meet	Met benchmark	Met benchmark	Met benchmark
Medicare Advantage	NA	NA	Met benchmark	Met benchmark
Medicaid	Did not meet	Met benchmark	Met benchmark	Met benchmark

*Commercial performance on the pediatric asthma medication ratio was 80%, against a benchmark value of 81%.

Most insurers, and many ANs, also met the quality benchmarks. Generally, this means that the state continues to deliver high quality healthcare. However public health data show that there are significant racial and ethnic disparities in quality outcomes among Connecticut citizens.

This report is published in tandem with the Cost Growth Benchmark and Primary Care Spending Target reports.

Executive Summary

The report raises substantial discussion points for policymakers and stakeholders:

- Although the Quality Benchmark results show that many citizens are receiving a high level of care, disparities in health outcomes by race and ethnicity persist.
- The Quality Benchmark data collection process continues to improve. Data attribution and submission challenges are being identified and addressed.
- Improving processes for payers and large provider groups to accurately report benchmark performance and increasing the use of quality measures in value-based contracts can create a more robust program that fosters transparency and accountability.

The Quality Benchmarks are at the core of OHS' work. In collaboration with clinicians and stakeholders on the Quality Council, the benchmark measurement process is refined as best practices in clinical care evolve.

Section 1. Introduction

During the 2022 legislative session, [Public Act 22-118 §§ 217-223](#) codified Executive Order No. 5's provisions into law (C.G.S. [19a-754f et seq.](#)) and created new reporting requirements for the Quality Benchmarks, including requiring that OHS collect and report on payer and provider entity performance on the Quality Benchmarks. This report presents the results of the analysis of 2023 quality performance data collected under the Healthcare Benchmark Initiative, including performance against the 2023 Quality Benchmark values by market, by payer and by Advanced Network.¹

High-quality healthcare is essential for improving the overall health and well-being of Connecticut residents and for ensuring optimal health outcomes. Quality care not only enhances individual patient experiences but also plays a pivotal role in improving population health by promoting healthier lifestyles, preventing disease, managing chronic illness, and advancing health equity.²

Connecticut is among the healthier states in the nation and delivers high-quality care, ranking seventh in the nation for prevention and treatment (e.g., adults receiving appropriate cancer screening) and for health outcomes (e.g., premature deaths from treatable or preventable causes).³ Yet, Connecticut

¹ "Advanced Network" is OHS's term for an organized group of clinicians that come together for the purposes of contracting, or are an established billing unit that, at a minimum, includes primary care providers, and that collectively, during any given calendar year, has enough attributed lives to participate in total cost of care contracts, even if the entity is not engaged in a total cost of care contract. The term "Advanced Network" as used in this report is equivalent to the term "provider entity" as used in Public Act 22-118.

² National Roundtable on Health Care Quality, Institute of Medicine. (1999). Measuring the quality of health care. Retrieved January 31, 2025, from <https://nap.nationalacademies.org/catalog/6418/measuring-the-quality-of-health-care>.

³ Commonwealth Fund. (2023). 2023 Scorecard on State Health System Performance. Retrieved January 31, 2025, from <https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance>.

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still has meaningful room for improvement in healthcare quality and health outcomes.

To improve healthcare quality for all Connecticut residents, Governor Lamont signed Executive Order No. 5 in 2020, directing OHS to develop annual Quality Benchmarks. The Quality Benchmarks complement OHS's Cost Growth Benchmark program by offering a balanced perspective on health system performance, illuminating areas where interventions may be needed while safeguarding against potential stinting of care and protecting patients' interests in the context of a spending growth benchmark.

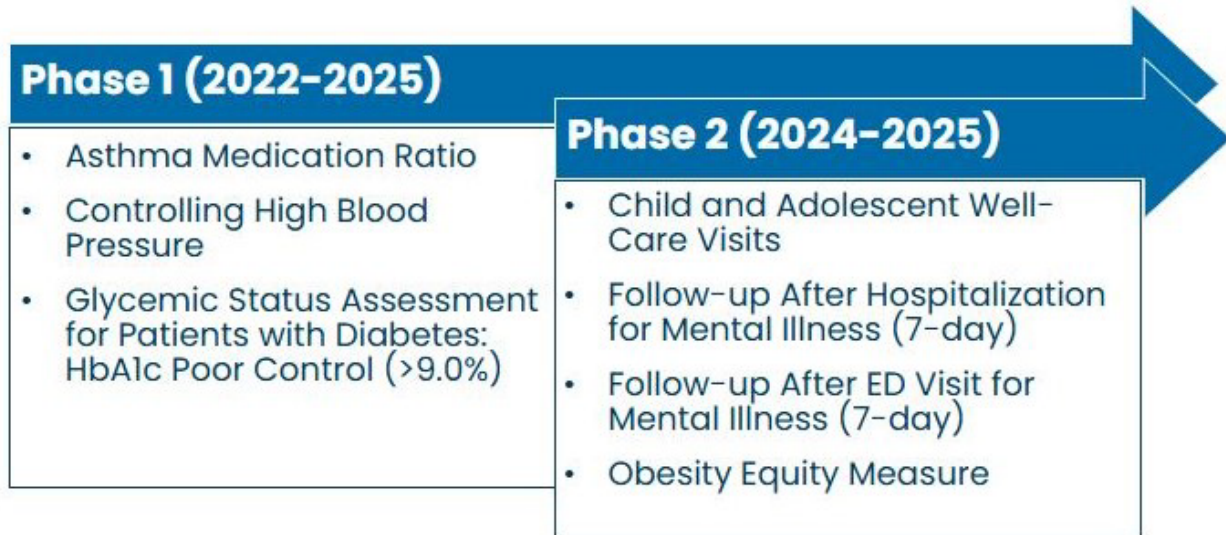
In 2021, OHS selected seven Quality Benchmark measures and values for implementation in two phases. OHS set separate benchmark values for the commercial, Medicaid and Medicare Advantage markets per the recommendation of the Quality Council, OHS's advisory body on quality measurement.⁴ The Phase 1 measures became effective on January 1, 2022, and the Phase 2 measures became effective on January 1, 2024.⁵

⁴ For a summary of OHS's process for selecting the Quality Benchmark measures for phased implementation, please see: Connecticut Office of Health Strategy. (2022). Connecticut quality benchmarks. Retrieved January 31, 2025, from <https://portal.ct.gov/-/media/OHS/Quality-Council/Quality-Benchmarks/Quality-Benchmarks-Report-May-2022.pdf>.

⁵ For a list of Phase 1 and Phase 2 Quality Benchmark measures and values, please see: Connecticut Office of Health Strategy. (n.d.). Quality benchmarks. Retrieved January 31, 2025, from <https://portal.ct.gov/OHS/Pages/Quality-Council/Quality-Benchmarks>.

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Figure 1: Phase 1 and Phase 2 Quality Benchmark Measures



Healthcare Quality Benchmarks are developed in five-year increments with input from the Quality Council and other stakeholders. Benchmarks for calendar years 2026-2030 are currently in development and will be released by July 1, 2025.

Methodology

To assess performance against the Quality Benchmarks, OHS collected commercial and Medicare Advantage quality performance data from six insurers (Aetna, Anthem Blue Cross and Blue Shield [Anthem], Cigna, ConnectiCare, Wellcare, and UnitedHealthcare)⁶ and Medicaid quality performance from the Department of Social Services (DSS). The insurers and DSS submitted performance by market (e.g., the insurer's overall commercial performance) and for 29 Advanced Networks.⁷

For the commercial and Medicare Advantage markets, OHS asked insurers to submit performance for Advanced Networks when a) the insurer included the given Quality Benchmark measure in its 2023 contract and b) the insurer received the requisite data to calculate performance for the Advanced Network. *Asthma Medication Ratio* is a claims-based measure and thus only requires claims data to calculate performance. *Controlling High Blood Pressure* and *HbA1c Poor Control* are hybrid measures, meaning they require insurers to utilize both claims and clinical data (e.g., a blood pressure reading or blood sugar test result from a member's medical record) to accurately calculate performance.

Advanced Network performance on each measure was aggregated across insurers and performance was included in this report only when the aggregated measure denominator was of minimally acceptable size using National Committee for Quality Assurance (NCQA) guidelines.

⁶ Note Cigna only operates commercial plans in Connecticut, while Wellcare only operates Medicare Advantage plans.

⁷ For detailed Quality Benchmark data specifications, please see: Connecticut Office of Health Strategy. (2024). Connecticut Quality Benchmark Initiative Implementation Manual. Retrieved January 31, 2025, from <https://portal.ct.gov/ohs/-/media/ohs/cost-growth-benchmark/public-hearing/ct-ohs-quality-benchmarks-implementation-manual-v30-2024-6-18.pdf>.

Section 2. Quality Performance in Connecticut

Quality Benchmark Measures

The Phase 1 Quality Benchmark measures are listed and described below.

- **Asthma Medication Ratio** reports the percentage of patients (ages 5–18 and ages 19–64) who were identified as having persistent asthma and had a ratio of controller medications to total medications of 0.50 or greater.
- **Controlling High Blood Pressure** reports the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg).
- **Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)** reports the percentage of patients ages 18–75 years with diabetes who had hemoglobin A1c > 9.0% (i.e., whose diabetes was poorly controlled).

Table 1 presents the benchmark measures and target values for 2023. The measures have separate benchmark values for the commercial, Medicare Advantage and Medicaid markets based on baseline performance rates for each market in 2019.⁸ *Asthma Medication Ratio* does not apply to the Medicare Advantage market and thus is only reported for the commercial and Medicaid markets.

⁸ For a summary of OHS's process for setting the 2023 Quality Benchmark values, please see: Connecticut Office of Health Strategy. (2022). Connecticut quality benchmarks. Retrieved January 31, 2025, from <https://portal.ct.gov/-/media/OHS/Quality-Council/Quality-Benchmarks/Quality-Benchmarks-Report-May-2022.pdf>.

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Table 1: 2023 Phase 1 Quality Benchmark Values

Quality Benchmark Measure	2023 Quality Benchmark Value		
	Commercial	Medicare Advantage	Medicaid
<i>Asthma Medication Ratio (Ages 5-18)</i>	81.0%	--	68.0%
<i>Asthma Medication Ratio (Ages 19-64)</i>	80.0%	--	65.0%
<i>Controlling High Blood Pressure</i>	63.0%	75.0%	63.0%
<i>HbA1c Control for Patients with Diabetes: HbA1c Poor Control*</i>	26.0%	18.0%	36.0%

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

It is important to note that the Medicaid market includes populations with more social risk factors than the commercial and Medicare Advantage markets. These social risk factors can be a barrier to accessing care and to chronic disease management.

Market Level Performance on the Quality Benchmark Measures

This section presents 2023 market level performance on the Quality Benchmark measures for the commercial, Medicare Advantage and Medicaid markets.

Commercial Performance

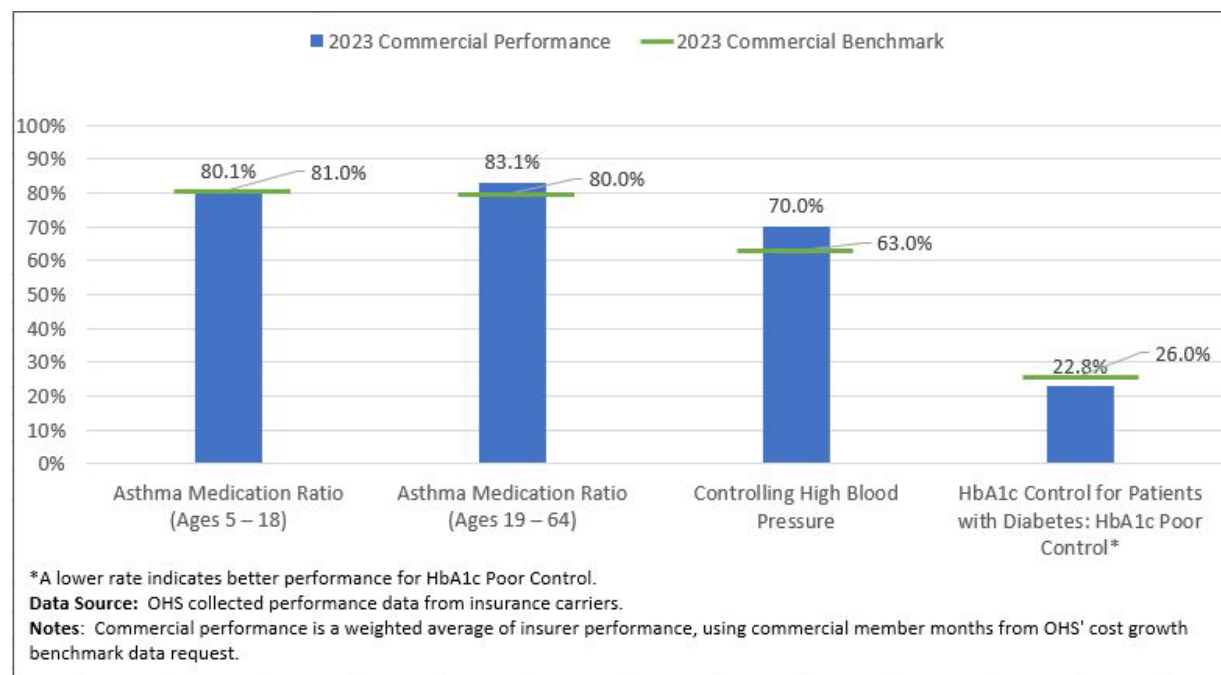
In 2023, 56% of Connecticut residents had commercial health insurance.⁹ For this population, Connecticut met the 2023 commercial Quality Benchmarks

⁹ KFF. (n.d.). Health Insurance Coverage of the Total Population. Health Insurance Coverage of the Total Population. Retrieved February 28, 2025, from <https://www.kff.org/other/state-indicator/total-population/>

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for *Controlling High Blood Pressure*, *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*, and *Asthma Medication Ratio* for ages 19–64. Connecticut fell just short of meeting the 2023 commercial Quality Benchmark for *Asthma Medication Ratio* for ages 5–18 (see **Figure 2**).

Figure 2: 2023 Statewide Commercial Performance on Quality Benchmarks



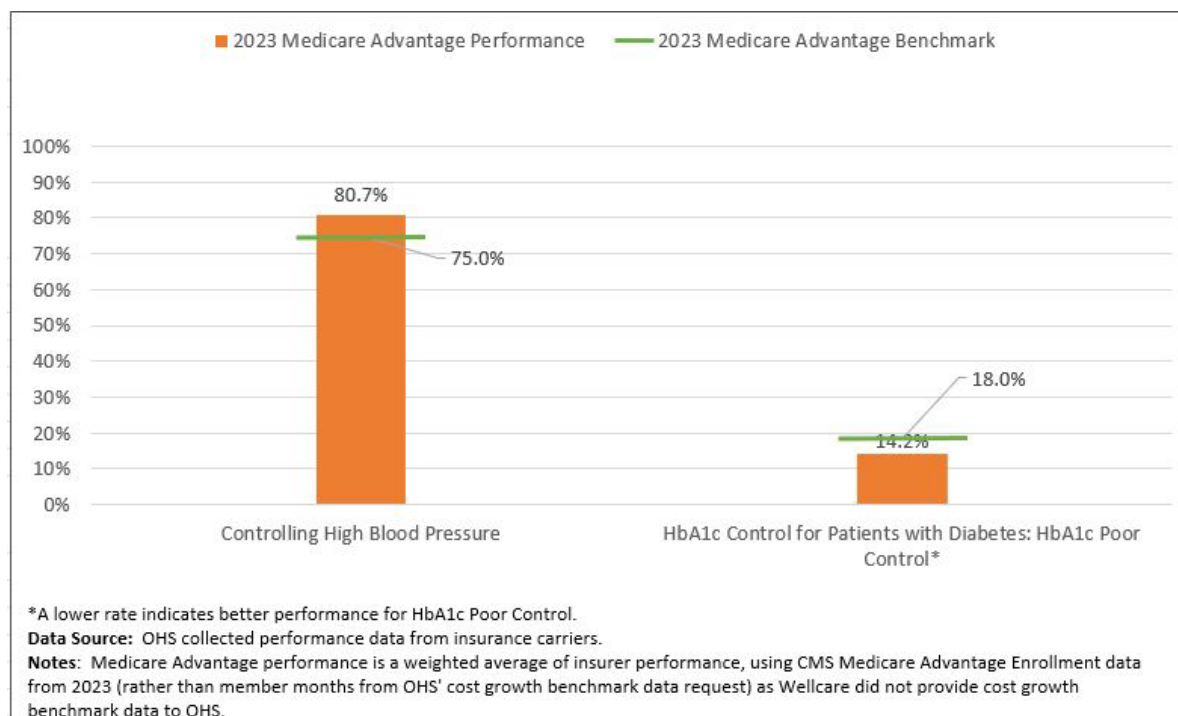
Medicare Advantage Performance

In 2023, 15% of Connecticut residents were insured through Medicare.¹⁰ According to cost growth benchmark data collected by OHS, more than half of those covered by Medicare in Connecticut in 2023 were enrolled in a Medicare Advantage plan. For this population, Connecticut met the 2023 Quality Benchmarks for both Medicare Advantage measures – *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* (see **Figure 3**).

¹⁰ KFF. (n.d.). Health Insurance Coverage of the Total Population. Health Insurance Coverage of the Total Population. Retrieved February 28, 2025, from <https://www.kff.org/other/state-indicator/total-population/>

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Figure 3: 2023 Statewide Medicare Advantage Performance on Quality Benchmarks



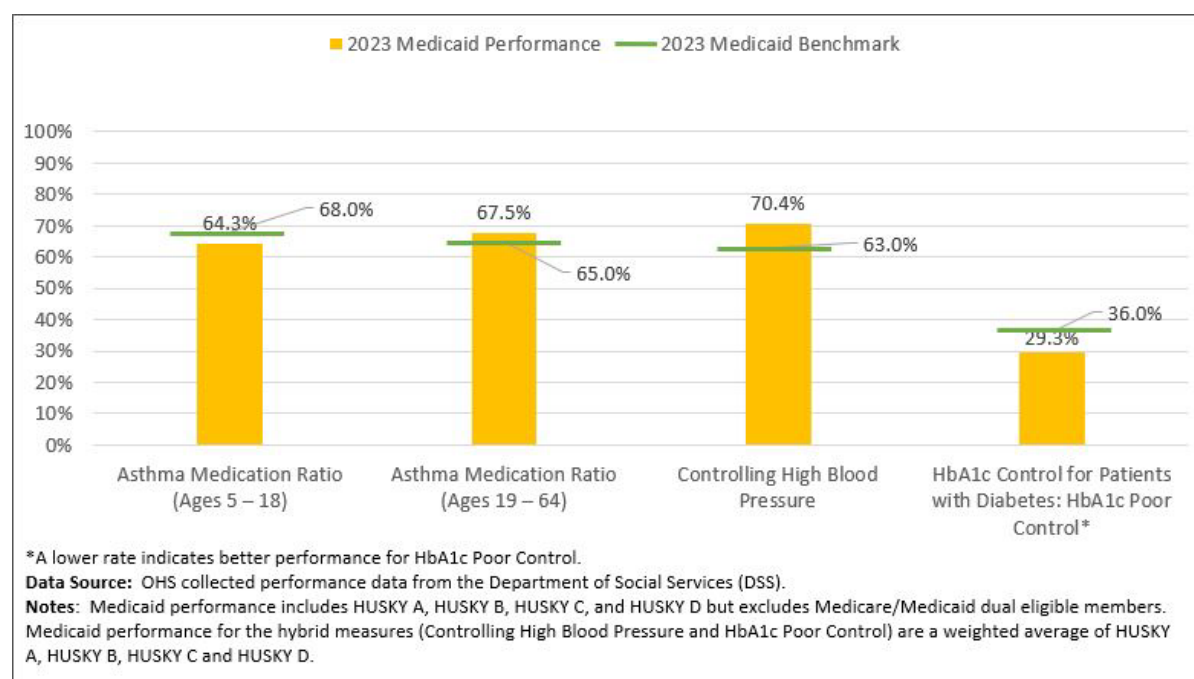
Medicaid Performance

In 2023, 23% of Connecticut residents were insured by Medicaid.¹¹ For this population, Connecticut met the 2023 Medicaid Quality Benchmarks for *Controlling High Blood Pressure*, *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*, and *Asthma Medication Ratio* for ages 19–64, but fell short of meeting the 2023 Medicaid Quality Benchmark for *Asthma Medication Ratio* for ages 5–18. (see **Figure 4**).

¹¹ KFF. (n.d.). Health Insurance Coverage of the Total Population. Health Insurance Coverage of the Total Population. Retrieved February 28, 2025, from <https://www.kff.org/other/state-indicator/total-population/>

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Figure 4: 2023 Statewide Medicaid Performance on Quality Benchmarks



Insurer Performance on the Quality Benchmark Measures

This section presents 2023 insurer performance on the Quality Benchmark measures for the commercial and Medicare Advantage markets.

Commercial Insurer Performance

OHS collected quality performance from five commercial insurers on all three of the Quality Benchmark measures.

- All five insurers met the 2023 commercial Quality Benchmark for *Controlling High Blood Pressure*. All except UnitedHealthcare met the 2023 commercial Quality Benchmark for *Asthma Medication Ratio* for ages 19–64.
- Three out of five insurers met the 2023 commercial Quality Benchmark for *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*, while only two met the 2023 commercial Quality Benchmark for *Asthma Medication Ratio* for ages 5–18 (see **Table 2**).

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Table 2: 2023 Insurer Commercial Performance on Quality Benchmarks

Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
2023 Commercial Quality Benchmark Value	81.0%	80.0%	63.0%	26.0%
Insurer, % of 2023 commercial lives	Insurer Performance			
Aetna, 22%	79.1% x	86.1% ^	64.8% ^	21.0% ^
Anthem, 31%	80.7% x	80.6% ^	70.7% ^	21.3% ^
Cigna, 19%	88.3% ^	86.8% ^	70.2% ^	21.9% ^
ConnectiCare, 9%	81.0% ^	90.4% ^	78.2% ^	26.8% x
UnitedHealthcare, 20%	72.2% x	77.2% x	70.7% ^	26.1% x

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

^ Met benchmark

x Did not achieve benchmark

Data Source: OHS collected performance data from insurance carriers.

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Medicare Advantage Insurer Performance

According to cost growth benchmark data collected by OHS, more than half of Connecticut Medicare residents were insured through Medicare Advantage plans in 2023. Medicare Advantage often includes enhanced benefits (such as dental or disease management for chronic conditions) but a smaller provider network. OHS requested quality performance from five Medicare Advantage insurers for the two applicable measures – *Controlling High Blood Pressure* and *HbA1c Poor Control*. All five insurers met the 2023 Medicare Advantage Quality Benchmarks for both measures (see **Table 3**).

Table 3: 2023 Insurer Medicare Advantage Performance on Quality Benchmarks

Quality Benchmark Measure	Controlling High Blood Pressure	HbA1c Poor Control*
2023 Medicare Advantage Quality Benchmark Value	75.0%	18.0%
Insurer, % of 2023 Medicare Advantage lives ¹²	Insurer Performance	
Aetna , 35%	78.8% ^	11.6% ^
Anthem , 14%	78.2% ^	15.7% ^
ConnectiCare , 10%	83.2% ^	15.6% ^
UnitedHealthcare , 41%	82.9% ^	15.2% ^
Wellcare , 4%	78.0% ^	18.0% ^

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

^ Met benchmark

X Did not achieve benchmark

¹² Because Wellcare did not provide a cost growth benchmark submission, these percentages are based on CMS Medicare Advantage Enrollment data as of December 2023. Retrieved February 28, 2025, from <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/monthly-ma-enrollment-state/county/contract/ma-enrollment-scc-2023-12>

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Data Source: OHS collected performance data from insurance carriers.

Advanced Network Performance on the Quality Benchmark Measures

This section presents 2023 Quality Benchmark performance for Advanced Networks (i.e., large provider groups) for the commercial, Medicare Advantage and Medicaid markets. OHS collected Advanced Network commercial and Medicare Advantage quality performance data from insurers and Medicaid performance data from DSS. Insurers submitted performance for Advanced Networks:

- (a) when the insurer included the given Quality Benchmark measure in its contract with the Advanced Network, and
- (b) for hybrid measures, when the insurer had the requisite clinical data to calculate performance for the Advanced Network.

OHS only publicly reports Advanced Network performance when the measure denominator, after aggregating across insurer data submissions, is 30 patients or more. As noted above, OHS has elected not to make determinations on whether Advanced Networks did or did not meet the 2023 Quality Benchmarks for Medicare Advantage due to the absence of Advanced Network-level data from the insurer with the largest Medicare Advantage market share in Connecticut (UnitedHealthcare, see below in the Limitations section).

Advanced Network Commercial Performance

For the commercial market:

- Only four of the 29 Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 5–18)* and all four met the commercial 2023 Quality Benchmark value for this measure.
- Twelve (12) Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 19–64)* and all

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but one Advanced Network met the commercial 2023 Quality Benchmark value for the measure.

- Ten (10) Advanced Networks had denominators large enough to report performance for *Controlling High Blood Pressure* and *HbA1c Poor Control*; seven of the 10 Advanced Networks met the 2023 commercial Quality Benchmark for *Controlling High Blood Pressure*, while five of the 10 met the 2023 commercial Quality Benchmark for *HbA1c Poor Control* (see **Table 4**).

Table 4: 2023 Advanced Network Commercial Performance on Quality Benchmarks

Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	81.0%	80.0%	63.0%	26.0%
Advanced Network Performance				
Connecticut Children's Care Network	82.7% ^	NA	NA	NA
Connecticut State Medical Society IPA	NA	72.9% x	70.6% ^	19.7% ^
Integrated Care Partners	87.2% ^	80.5% ^	74.1% ^	22.0% ^
Northeast Medical Group	NA	86.3% ^	65.3% ^	29.3% x
OptumCare Network of Connecticut	84.6% ^	85.3% ^	62.5% x	20.9% ^
Privia Quality Network of Connecticut	90.7% ^	82.7% ^	73.1% ^	45.2% x

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Quality Benchmark Measure	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	81.0%	80.0%	63.0%	26.0%
Advanced Network Performance				
Prospect Connecticut Medical Foundation Inc.	NA	89.7% ^	78.9% ^	17.2% ^
SONE Health	NA	83.7% ^	46.5% x	50.3% x
Stamford Health Medical Group	NA	97.1% ^	NA	NA
Starling Physicians	NA	87.4% ^	79.7% ^	18.9% ^
Summit Health	NA	NA	65.5% ^	NA
UConn Medical Group	NA	81.5% ^	NA	27.5% x
Value Care Alliance	NA	83.0% ^	54.9% x	50.5% x
Yale Medicine	NA	86.4% ^	NA	NA

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

^ Met benchmark

x Did not achieve benchmark

Source: OHS collected performance data from insurance carriers.

Note: NA = The Advanced Network did not meet the minimum denominator size required for public reporting, or insurers did not report *any* quality data associated with the measure for the Advanced Network. Similarly, Advanced Networks not listed in the table either did not meet the minimum denominator size required for public reporting for any of the measures, or insurers did not report any quality data for any of the measures for the Advanced Network.

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Advanced Network Medicare Advantage Performance

For the Medicare Advantage market, sixteen Advanced Networks had denominators large enough to report performance for both *Controlling High Blood Pressure* and for *HbA1c Control for Patients with Diabetes: HbA1c Poor Control*. However, due to data limitations in the Medicare Advantage market, OHS is not determining whether these Advanced Networks met or did not meet the quality benchmarks. Specifically, UnitedHealthcare comprises more than 40% of the Medicare Advantage market in Connecticut, but did not stratify its results by Advanced Network. As a result, the omission of UnitedHealthcare data at the Advanced Network level may have depressed Advanced Network aggregate Medicare Advantage performance.

Table 5: 2023 Advanced Network Medicare Advantage Performance on Quality Benchmarks, excluding UnitedHealthcare data

Quality Benchmark Measure	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	75.0%	18.0%
Advanced Network Performance		
Community Health Center	69.7%	23.7%
Connecticut State Medical Society IPA	71.7%	28.6%
Cornell Scott Hill Health Center	63.5%	41.8%
Fair Haven Community Health Center	57.7%	35.5%
Integrated Care Partners	77.0%	23.9%
Northeast Medical Group	68.8%	25.7%
Optimus Health Care, Inc.	69.6%	25.0%
OptumCare Network of Connecticut	93.1%	13.6%
Prospect Connecticut Medical Foundation Inc.	57.7%	45.1%
SONE Health	57.7%	41.5%
Southwest Community Health Center, Inc.	65.9%	21.7%
Stamford Health Medical Group	72.0%	18.3%
Starling Physicians	73.3%	21.8%
UConn Medical Group	63.9%	20.4%

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Quality Benchmark Measure	Controlling High Blood Pressure	HbA1c Poor Control*
Quality Benchmark Value	75.0%	18.0%
Advanced Network Performance		
Value Care Alliance	66.8%	38.9%
Yale Medicine	58.4%	44.8%

*A lower performance rate indicates better performance for *HbA1c Poor Control*.

Source: OHS collected performance data from insurance carriers.

Note: Due to data limitations in the Medicare Advantage market, OHS is not determining whether these Advanced Networks met or did not meet the quality benchmarks. Advanced Networks not listed in the table either did not meet the minimum denominator size required for public reporting for any of the measures, or insurers did not report any quality data for any of the measures for the Advanced Network.

Advanced Network Medicaid Performance

OHS obtained Medicaid Quality Benchmark performance data for Advanced Networks from DSS, which reported performance for *Asthma Medication Ratio* for those Advanced Networks that participated in DSS' Person-Centered Medical Home Plus (PCMH+) program. DSS did not include *Controlling High Blood Pressure* or *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* in its PCMH+ Quality Measure Set for 2023.¹³ Fifteen (15) Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 5-18)* and eighteen (18) Advanced Networks had denominators large enough to report performance for *Asthma Medication Ratio (Ages 19-64)*.

¹³ To learn more about DSS' PCMH+ Quality Measure Set, please see: Connecticut Department of Social Services. (n.d.). Person-Centered Medical Home Plus. Retrieved January 31, 2025, from <https://portal.ct.gov/dss/health-and-home-care/pcmh-plus/quality-measure>

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- Medicaid performance was significantly worse for the Ages 5–18 rate, with only three Advanced Networks meeting the Medicaid 2023 Quality Benchmark.
- Conversely, all but three Advanced Networks met the Medicaid 2023 Quality Benchmark value for the Ages 19–64 rate (see **Table 6**).

Table 6: 2023 Advanced Network Medicaid Performance on Quality Benchmarks

Quality Benchmark Performance	Asthma Medication Ratio (Ages 5 – 18)	Asthma Medication Ratio (Ages 19 – 64)
Quality Benchmark Value	68.0%	65.0%
Advanced Network Performance		
Community Health and Wellness Center of Greater Torrington	NA	76.1% ^
Community Health Center	58.2% x	66.5% ^
Connecticut Children's Care Network	64.0% x	70.7% ^
Connecticut State Medical Society IPA	66.9% x	69.7% ^
Cornell Scott Hill Health Center	69.1% ^	69.0% ^
Fair Haven Community Health Center	64.2% x	65.9% ^
Integrated Care Partners	67.8% x	68.1% ^
Northeast Medical Group	60.7% x	71.9% ^
Norwalk Community Health Center	NA	58.7% x
Optimus Health Care, Inc.	56.1% x	63.5% x
OptumCare Network of Connecticut	64.0% x	71.2% ^
Prospect Connecticut Medical Foundation Inc.	76.0% ^	73.6% ^
SONE Health	58.5% x	67.6% ^
Southwest Community Health Center, Inc.	61.6% x	51.3% x
Starling Physicians	71.9% ^	70.0% ^
UConn Medical Group	NA	67.5% ^
Wheeler Clinic	54.3% x	70.9% ^

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Quality Benchmark Performance	Asthma Medication Ratio (Ages 5 - 18)	Asthma Medication Ratio (Ages 19 - 64)
Quality Benchmark Value	68.0%	65.0%
Advanced Network Performance		
Yale Medicine	54.2% x	73.0% ^

Source: OHS collected performance data from the Department of Social Services (DSS).

^ Met benchmark

x Did not achieve benchmark

Notes:

1. NA = The Advanced Network did not meet the minimum denominator size required for public reporting, or DSS did not report any quality data associated with the measure for the Advanced Network. Similarly, Advanced Networks not listed in the table either did not meet the minimum denominator size required for public reporting for any of the measures, or DSS did not report any quality data for any of the measures for the Advanced Network.
2. Medicaid data include performance for HUSKY A, HUSKY B, HUSKY C, and HUSKY D; they exclude data for Medicare/Medicaid dual eligible members and those with Third-Party Liability (TPL) policies.

Limitations

Insurer reporting of Advanced Network performance for *Controlling High Blood Pressure* and *HbA1c Control for Patients with Diabetes: HbA1c Poor Control* continued to be a challenge this year, although some progress was made from last year. These measures require providers to supplement claims data by sharing clinical data with payers to accurately calculate performance. In some instances, OHS excluded Advanced Network performance data for *Controlling High Blood Pressure* and *HbA1c Poor Control*

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after confirming that the insurers did not receive clinical data for the measures from the Advanced Network.

For one insurer (Aetna), OHS excluded some Advanced Network data for one or both of these measures even after confirming inclusion of clinical data, as the resulting performance rates did not pass OHS checks for reasonableness. For another insurer (Anthem), performance data for these two measures had to be excluded for the entire Preferred Provider Organization (PPO) line of business, as Anthem indicated that it did not receive clinical data for its PPO population. OHS did, however, resolve prior concerns regarding the validity of Anthem data for these two measures by excluding PPO data.

Another limitation is incomplete Advanced Network-level data for Medicare Advantage. UnitedHealthcare did not provide Advanced Network-level quality performance data for its Medicare Advantage population for the 2023 and 2022 performance years due to concerns about the effort required for the national insurer to isolate Connecticut-specific quality performance for its regional Medicare Advantage products (see [Appendix B](#) for a summary of payer data included in the analysis).

Insurers reported strong Medicare Advantage performance against the 2023 Quality Benchmarks at the market and insurer levels. Advanced Network-level Medicare Advantage performance, however, was notably poorer. Given that a) UnitedHealthcare had the second-best performance among Connecticut insurers on both Quality Measures that apply to the Medicare Advantage market and b) UnitedHealthcare comprises more than 40% of the Medicare Advantage market in Connecticut, the omission of UnitedHealthcare data at the Advanced Network level may have depressed Advanced Network aggregate Medicare Advantage performance.

As a result, OHS elected not to make determinations whether Advanced Networks did or did not meet the 2023 Quality Benchmarks for Medicare Advantage.

Section 3: Discussion

State public health data reveal deep disparities by race and ethnicity, including for health outcomes related to conditions addressed by OHS's Quality Benchmark measures. For example:

1. Compared to their white peers, Black children and teens are more than 4.5 times more likely to go to the emergency department because of asthma, a chronic condition that can be managed through medication and monitoring, while Hispanic children and teens are three times as likely (see **Figure 5**).¹⁴
2. Black residents are nearly four times as likely as white residents to have a diabetes-related lower-extremity amputation (a preventable complication) and among Hispanic residents, the rate is nearly three times higher than among white residents (see **Figure 6**).¹⁵
3. Black residents have higher heart disease mortality rates (454 per 100,000 residents) than white residents (352 per 100,000 residents), an outcome that can be prevented through blood pressure control (see **Figure 7**).¹⁶

¹⁴ Connecticut Department of Public Health. (2023). Asthma Statistics. Retrieved January 31, 2025, from <https://portal.ct.gov/dph/health-education-management--surveillance/asthma/asthma-statistics>

¹⁵ Connecticut Department of Public Health. (2023). Diabetes inpatient hospitalizations Connecticut residents. Retrieved January 31, 2025, from https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/chronic_dis/FactSheets/Diabetes_Hospitalizations_2021.pdf.

¹⁶ DataHaven. (2023). Health equity in Connecticut 2023. Retrieved January 31, 2025, from <https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%202023%20Health%20Equity%20Report%20082323.pdf>.

Section 3: Discussion

Figure 5: 2023 Connecticut Emergency Department Visit Rate for Asthma per 10,000 Children (0-17 years old)

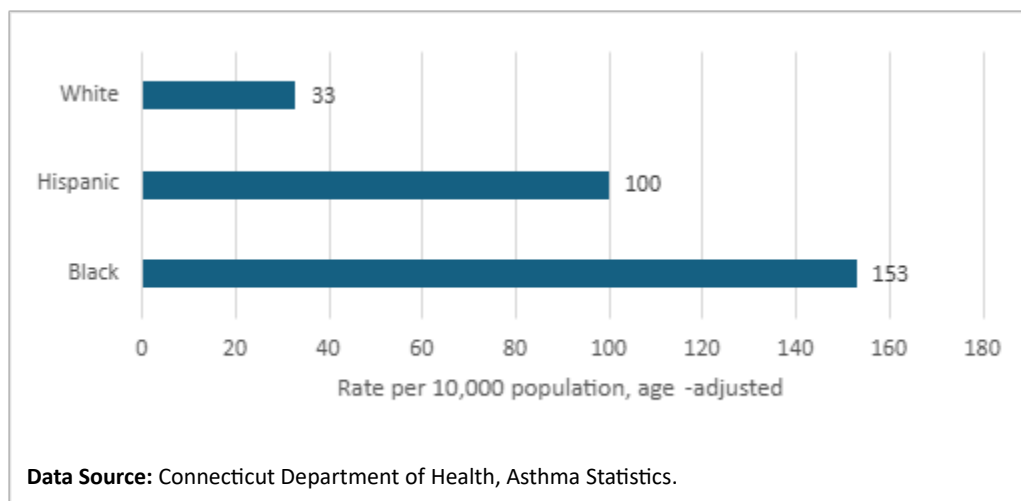
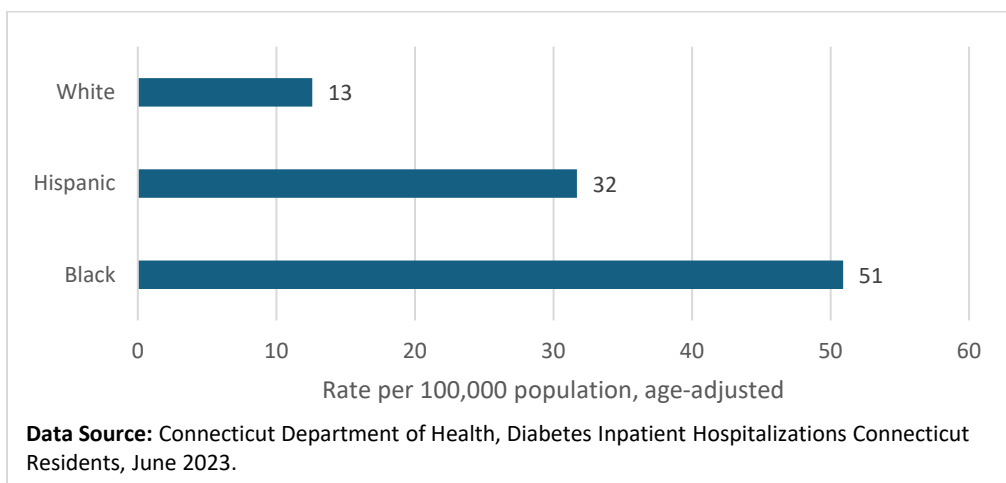
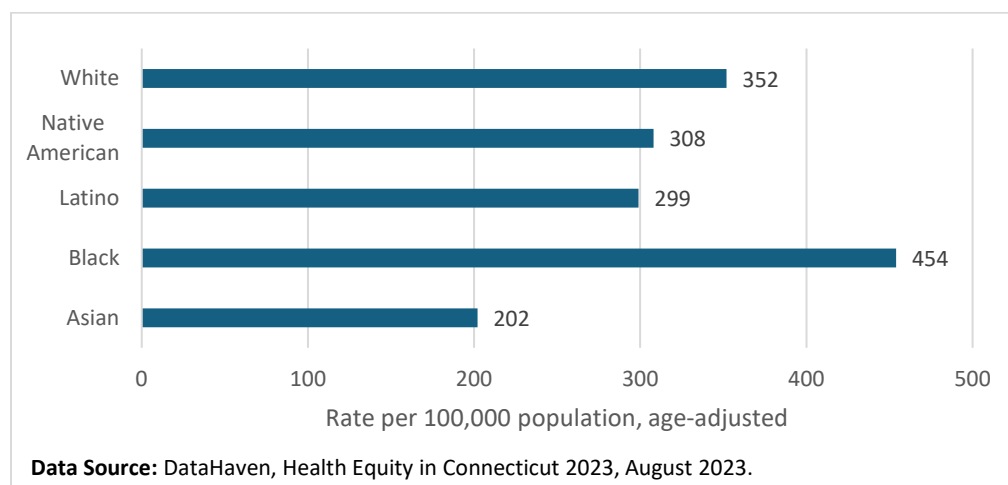


Figure 6: 2021 Connecticut Hospital Discharge Rate for Nontraumatic Lower Extremity Amputation per 100,000



Section 3: Discussion

Figure 7: 2017–2022 Connecticut Mortality Due to Heart Disease per 100,000

In addition to disparities in healthcare quality and outcomes, access to quality healthcare services due to cost is also a critical concern. In a 2022 statewide survey of more than 1,300 Connecticut adults, nearly half (46%) of all respondents reported delaying or going without healthcare due to cost during the prior 12 months.¹⁷ The benefits of high-quality healthcare are limited if half of the state's residents struggle to access care because of cost.

¹⁷ Healthcare Value Hub. (2022). Connecticut residents struggle to afford high healthcare costs; worry about affording healthcare in the future; support government action across party lines. Retrieved January 31, 2025, from <https://www.healthcarevaluehub.org/advocate-resources/publications/connecticut-residents-struggle-afford-high-healthcare-costs-worry-about-affording-healthcare-future-support-government-action-ac>.

Section 4. Conclusion

The analysis of Connecticut's 2023 Quality Benchmark performance, as outlined in **Section 2. Quality Performance in Connecticut**, offers some insights into the state of healthcare quality in Connecticut:

- Overall, Connecticut generally performed well against the 2023 Quality Benchmarks at each market level, only failing to meet the 2023 Quality Benchmarks for the ages 5–18 rate of *Asthma Medication Ratio* (for both the commercial and Medicaid markets).
- Racial and ethnic disparities continue to persist in some health outcomes related to the benchmarks.
- At the insurer level, the majority met the 2023 commercial Quality Benchmarks for each measure except the ages 5–18 rate of *Asthma Medication Ratio*., and all met the two applicable measures in the Medicare Advantage market.
- All insurers met the 2023 Medicare Advantage Quality Benchmarks for the two measures applicable to the Medicare Advantage market.

Despite the apparent benchmark attainment success in Medicare Advantage at the market and insurer levels, Advanced Network–level Medicare Advantage performance in 2023 was considerably poorer. Given the omission of Advanced Network–level Medicare Advantage data from UnitedHealthcare, the insurer with the largest Medicare Advantage market share in Connecticut, this finding highlights the importance of every insurer playing its part to submit the requisite data to accurately assess Advanced Networks' quality performance.

- For Medicaid, Advanced Networks performed well against the 2023 Quality Benchmark for the Ages 19–64 rate of *Asthma Medication Ratio* but struggled to meet the 2023 Quality Benchmark Ages 5–18 rate.

Section 4: Conclusion

To ensure more reliable monitoring of performance, there is a crucial need for insurers and Advanced Networks to integrate Quality Benchmark measures into value-based contracts and establish processes for sharing the requisite clinical data to accurately report performance against the Quality Benchmark values.¹⁸ By incorporating these measures into contractual agreements, insurers can incentivize Advanced Networks to prioritize quality improvement initiatives and facilitate more accurate assessment of healthcare outcomes. This approach not only fosters transparency and accountability but also enhances the effectiveness of quality improvement efforts, ultimately leading to better healthcare outcomes for Connecticut residents.

Guided by its advisory Quality Council, OHS selected these benchmark measures as priorities for state health improvement, underscoring the importance of collective effort from stakeholders to generate improvement in these areas.

Connecticut's Quality Benchmarks were one of the first such benchmarks developed by any state, following only Delaware. They provide attainable targets for improving health care and population health in high priority areas. Ongoing achievement of the Quality Benchmarks will rely upon committed collective action.

¹⁸ Value-based contracts are agreements between healthcare payers and providers that link payments to quality outcomes.

Appendix

Appendix A: Quality Council Members as of February 2025

Rohit Bhalla, Stamford Hospital

Ellen Carter (Co-Chair), Connecticut Health Foundation

Elizabeth Courtney, Consumer Representative

Monique Crawford / Stephanie DeAbreu, UnitedHealthcare

Sandra Czunas, Office of the State Comptroller

Petrina Davis, Department of Public Health

Lisa Freeman, Connecticut Center for Patient Safety

Amy Gagliardi, Community Health Center of Connecticut, Inc.

David Krol, Connecticut Children's Medical Center

David Perry, Anthem

Alix Pose, Optimus Health Care

Joseph Quaranta (Co-Chair), Privia Health

Phil Roland / Doug Nichols, Cigna

Andrew Selinger, Quinnipiac University

Marlene St. Juste, Consumer Representative

Jody Terranova, Department of Social Services

Daniel Tobin, Yale School of Medicine

Alison Vail, Connecticut Hospital Association

Setu Vora, Pequot Health Care

Appendix

Appendix B: Payer Data Included in Quality Benchmark Analysis

Payer	Commercial		Medicare Advantage		Medicaid	
	Payer Performance	Advanced Network Performance	Payer Performance	Advanced Network Performance	Payer Performance	Advanced Network Performance
Asthma Medication Ratio						
Aetna	✓	✓	NA	NA	NA	NA
Anthem	✓	✓	NA	NA	NA	NA
Cigna	✓	X	NA	NA	NA	NA
ConnectiCare	✓	✓	NA	NA	NA	NA
UnitedHealthcare	✓	✓	NA	NA	NA	NA
Wellcare	NA	NA	NA	NA	NA	NA
DSS	NA	NA	NA	NA	✓	✓
Controlling High Blood Pressure						
Aetna	✓	✓	✓	✓	NA	NA
Anthem	✓	✓	✓	✓	NA	NA
Cigna	✓	✓	NA	NA	NA	NA
ConnectiCare	✓	✓	✓	✓	NA	NA
UnitedHealthcare	✓	✓	✓	X	NA	NA
Wellcare	NA	NA	✓	✓	NA	NA
DSS	NA	NA	NA	NA	✓	X
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)						
Aetna	✓	✓	✓	✓	NA	NA
Anthem	✓	✓	✓	✓	NA	NA
Cigna	✓	X	NA	NA	NA	NA
ConnectiCare	✓	✓	✓	✓	NA	NA
UnitedHealthcare	✓	✓	✓	X	NA	NA
Wellcare	NA	NA	✓	✓	NA	NA
DSS	NA	NA	NA	NA	✓	X

✓ = Payer data included in analysis. NA = Not Applicable.

X = Data not received from the payer for this measure. This is either due to the fact that the payer did not include the measure in contracts with Advanced Networks (Cigna and DSS), or because the payer declined to provide the data (UnitedHealthcare).