

**Connecticut Office of Health Strategy
Healthcare Benchmark Initiative Technical Team
Charge - Revised November 2020**

The Healthcare Benchmark Initiative Technical Team's (HBITT's) charge is to meet the following objectives per Executive Order #5:

1. Recommend annual cost growth benchmarks across all payers and populations for CYs 2021-2025 by maximizing the use of work from Connecticut and other states, including best in class efforts and existing cost growth benchmarks and adapt approaches for CT.
2. Recommend primary care spending targets across all payers and populations as a share of total health care expenditures for CYs 2021-2025 to reach a target of 10% by 2025.
3. Center health equity in its recommendations.
4. Recommend annual quality benchmarks effective for CY22 and evaluate the impact of cost growth benchmarks and primary care targets on quality and equity and vice-versa.
5. Advise OHS on the implementation of the benchmarks and primary care target.
6. Review performance information and recommend policy and purchasing actions that could be taken by the State, payers, providers and employers to support benchmark and target attainment.

Steps Toward Achieving the Objectives

1. Convene at intervals determined necessary by OHS to develop the cost growth benchmark and primary care targets, and to provide ongoing guidance to OHS in its implementation of the Healthcare Benchmark Initiative.
2. Convene or reconvene design groups as needed to address specific aspects of the model.
3. Maximize use of work from Connecticut and other states, including best-in-class efforts and existing cost growth benchmarks, and adapt approaches for CT.
4. Consider and incorporate stakeholder input from consumers, providers, payers and employers via the Healthcare Benchmark Initiative Stakeholder Advisory Board and other councils/boards or industry groups.
5. Define minimum requirements or develop clear information on data collection needs, including race, ethnicity and language (REL) data.
6. Define expenses to be included in the numerator or denominator for total health care expenditures.
7. Recommend methods of analysis to ensure credibility and validity of measures.
8. Recommend risk adjustment that includes social risk.
9. Recommend minimally burdensome data collection and analysis that are aligned across payers and providers for comparable populations.
10. Guard against unintended consequences.
11. Recommend how benchmark and target performance should be analyzed and reported.
12. Review performance information and recommend policy and purchasing actions that could be taken by the State, payers, providers and employers to support benchmark and target attainment.