

Connecticut Healthcare Benchmark Initiative  
Steering Committee Meeting Plan and Statutory Requirement Timeline  
September 2022 through June 2023  
As of September 9, 2022

Month	Content	Statutory Requirements	Statutory Deadline
September  <i>Focus: Pharmacy price growth mitigation; initial consideration of possible benchmark inflation adjustment</i>	<ul style="list-style-type: none"> <li>Pharmacy price growth mitigation strategy presentation by NASHP.</li> <li>Discussion of values and objectives to guide consideration of any potential adjustments to benchmark assessment to account for inflation and workforce pressures.</li> <li>Discussion of OHS proposal for small work groups focused on mitigation strategies (VBP, Rx costs, etc.).</li> </ul>		
October  <i>Focus: Inflation analysis; planned methodology for benchmark performance reporting</i>	<ul style="list-style-type: none"> <li>Presentation of inflation analysis and straw model approach for benchmark performance assessment.</li> <li>Discussion of the planned process for communicating benchmark performance data to insurers and Advanced Networks.</li> <li>OSC present at meeting to discuss state experience with primary care.</li> </ul>		
November  <i>Focus: Quality Benchmarks and Aligned Measure Set; Presentations by another state(s)</i>	<ul style="list-style-type: none"> <li>Tentative state presentations by RI and/or OR</li> <li>Review Quality Council recommendations to OHS and seek Steering Committee feedback regarding: <ul style="list-style-type: none"> <li>Strategies to support Quality Benchmark attainment</li> <li>New Core and Menu Sets for 2023</li> <li>2022 insurer and DSS fidelity and plan for measuring and reporting fidelity annually</li> </ul> </li> </ul>		
December  <i>Focus: Medicaid cost driver analysis; 2022 in review and goals for 2023; two cost</i>	<ul style="list-style-type: none"> <li>Review Medicaid cost driver analysis.</li> <li>Assess 2022 activities.</li> <li>Discuss Steering Committee goals for 2023.</li> <li>Review two cost growth mitigation strategies suggested by the cost growth mitigation strategy work group(s) to advance in 2023.</li> </ul>		

Cost Growth Benchmark (CGB)  
Net Cost of Private Health Insurance (NCPHI)  
Primary Care (PC)  
Provider Entity (PE)  
Public Health (PH)  
Total Health Care Expenditures (THCE)  
Total Medical Expense (TME)

<i>growth mitigation strategies for 2023</i>			
January 2023	<ul style="list-style-type: none"> <li>Review of additional Data Use Strategy analyses completed by Mathematica, and identify opportunities for follow-up analyses and/or action.</li> </ul>		
February 2023	<ul style="list-style-type: none"> <li>Review Standard Cross-Market report on trends</li> <li>Report on Adverse Impact of Unintended Consequences</li> </ul>		
March 2023	<ul style="list-style-type: none"> <li>Review 2021 Cost Growth Benchmark performance</li> <li>Review Quarterly Analytic Report</li> <li>Report on Top OP Rx drugs from APCD data and any other reports/analysis/strategies</li> </ul>	<ul style="list-style-type: none"> <li>§222(b) - OHS to post report on website on THCE using TME; health status adjusted TME by payer/PE; OHS report may include spending trends, PC as % of TME, NCPHI, and any other relevant factors (inflation, access to care, PH crises)</li> </ul>	<ul style="list-style-type: none"> <li>Mar. 31, 2023</li> </ul>
April 2023	<ul style="list-style-type: none"> <li>Any Ad Hoc analyses based on 1st quarter reports</li> <li>Discussion of strategies based on 1st quarter reports</li> <li>Any other reports/analysis/strategies</li> </ul>		
May 2023	<ul style="list-style-type: none"> <li>Review Standard Cross-Market report on trends</li> <li>Any other reports/analysis/strategies</li> </ul>	<ul style="list-style-type: none"> <li>§223(a)(1); §223(a)(3) - OHS to validate payer/PE data if requested prior to identification; identify payer or PE that failed to meet CGB &amp; PC in 2021 and send formal notice within 30 days that includes factual basis for identification</li> <li>§223(b) - If annual % change in THCE for 2021 exceeded the CGB, OHS to identify other entities that significantly contributed</li> </ul>	<ul style="list-style-type: none"> <li>May 1, 2023</li> <li>May 1, 2023</li> </ul>
June 2023	Any other reports/analysis/strategies	<ul style="list-style-type: none"> <li>§224(a)(1) - OHS can hold informational public</li> </ul>	<ul style="list-style-type: none"> <li>Jun. 30, 2023</li> </ul>

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		<p>hearing to compare THCE in 2021 to CGB; report in §222(b); PC spending as % of TME; trends; other matters</p> <p>§224(a)(2) - OHS can require PE/payer participation during the CGB/PC hearing &amp; provision of certain info</p> <ul style="list-style-type: none"> <li>• 224(a)(3) - OHS can require OE participation during the CGB/PC hearing &amp; provision of certain info</li> </ul>	<ul style="list-style-type: none"> <li>• Jun. 30, 2023</li> <li>• Jun. 30, 2023</li> </ul>
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