

**Quality Council
Meeting Minutes**
June 5, 2025 | 3:00 – 5:00 p.m. EDT
[Meeting Recording](#)

ATTENDANCE:

By Electronic Device:

Stephanie De Abreu	Amy Gagliardi	Joe Quaranta, Co-Chair
Rohit Bhalla	David Krol	Andy Selinger
Ellen Carter, Co-Chair	Tricia Lang	Marlene St. Juste
Sandra Czunas	Robert McLean	Jody Terranova
Lisa Freeman	Doug Nichols and Phil Roland	Dan Tobin

Absent:

Elizabeth Courtney	Alix Pose	Setu Vora
Petrina Davis	Alison Vail	

Other Participants:

Alex Reger, OHS	Michael Bailit, Bailit Health
Lisa Sementilli, OHS	Matt Reynolds, Bailit Health

WELCOME AND CALL TO ORDER

Ellen Carter called the June meeting to order. Ellen asked Matt Reynolds to conduct a roll call. There was a quorum present. Ellen reviewed the agenda for the meeting. Alex Reger announced that this would be Rohit Bhalla's last meeting as a member of the Quality Council and thanked Rohit for his contributions to the Quality Council over many years.

APPROVAL OF MAY 15, 2025, MINUTES

David Krol motioned to approve the May meeting minutes. Tricia Lang seconded the motion. Sandra Czunas abstained. The Quality Council approved the minutes without objection.

COMPLETE THE PROCESS OF SETTING 2026-2030 QUALITY BENCHMARKS

Michael Bailit reminded members of their recommended Quality Benchmark measures (and values, for the commercial and Medicaid markets) from the May meeting. Michael noted that two of the six Quality Benchmark measures (*Immunizations for Adolescents* and *Prenatal and Postpartum Care*) did not apply to the Medicare Advantage market. Michael reminded members that they should recommend target values for 2030 based on the latest Medicare Advantage performance data available and then OHS would calculate the Compound Annual Growth Rate for each measure based on the baseline rate and the 2030 target value.

Breast Cancer Screening (Medicare Advantage)

- Robert McLean suggested a 2030 Medicare Advantage target of 80.0%, which would call for a little more than 1% improvement each year. Marlene St. Juste agreed with Robert's recommendation, saying she thought 80.0% was attainable. No members disagreed.
- Recommendation:** Set the 2030 Medicare Advantage *Breast Cancer Screening* target at 80.0%.

Colorectal Cancer Screening (Medicare Advantage)

- Given that current performance and benchmarks for this measure were nearly identical to those for *Breast Cancer Screening*, Michael Bailit asked if 80.0% was also a sensible 2030 target for *Colorectal Cancer Screening* as well. Robert McLean and Joe Quaranta agreed with Michael's suggestion. No members disagreed.
- **Recommendation:** Set the 2030 Medicare Advantage *Colorectal Cancer Screening* target at 80.0%.

Controlling High Blood Pressure (Medicare Advantage)

- Robert McLean suggested that 80.0% seemed to be a reasonable target for *Controlling High Blood Pressure* as well given current performance and relevant benchmarks. No members disagreed.
- **Recommendation:** Set the 2030 Medicare Advantage *Controlling High Blood Pressure* target at 80.0%.

Glycemic Status > 9.0% (Medicare Advantage)

- In response to Michael Bailit's observation that Connecticut performs much worse on this measure than on most other quality measures when compared to national benchmarks, Rohit Bhalla asked whether Connecticut had any unique challenges for this measure related to data capture or health information exchange.
 - Joe Quaranta replied that some labs, including several hospital labs that do a fairly high volume of glycemic testing in Connecticut, do not report the appropriate data (i.e., LOINC codes) for the measure into payer systems.
 - Michael Bailit proposed engaging the Quality Council later in the year about how to advocate for action by hospital labs that are not currently transmitting the necessary information for the measure.
- Ellen Carter proposed 12.0% as the 2030 Medicare Advantage target. Joe Quaranta said he was comfortable with 12.0%, though he would support being more aspirational and setting the 2030 target at 11.0%. Joe noted 9.0% is a very high A1c value for a diabetic and even 11.0% of patients surpassing that number was not a great standard of care.
- Robert McLean said he thought some of the new diabetes medications would also help to improve performance, adding that he agreed with a 2030 target of 11.0%. No members disagreed.
- **Recommendation:** Set the 2030 Medicare Advantage *Glycemic Status > 9.0%* target at 11.0%.

REVISITING THE 2026 ALIGNED MEASURE SET

Matt Reynolds reviewed the Quality Council's current recommended 2026 Aligned Measure Set. Matt shared that in March, NCQA released a Technical Update to the specifications for *Breast Cancer Screening*. The update included a modification to the measure's age range from members 50–74 years of age to members 40–74 years of age to align with updated U.S. Preventive Services Task Force recommendations. Matt noted that NCQA planned to stratify performance into two separate age bands: 42–51 years and 52–74 years, the latter of which is the same as the previous eligible population.

Matt reminded members that during discussions of candidate Quality Benchmark measures in April, members expressed preference for several non-Core measures over *Plan All-Cause Readmissions*, calling into question whether the measure should remain in the Core Set. Matt noted that specific comments included concerns that the measure does not relate to why someone was previously in the hospital and belief that a readmission reflects the social system more than medical care. Matt asked if members still believed *Plan All-Cause Readmissions* should remain in the Core Set for 2026.

- Robert McLean agreed with the Council's previously stated concerns and recommended removing the measure from the Core Set. Phil Roland agreed with Robert.
- Lisa Freeman said she did not like the measure concept, as she believed it did not necessarily encourage continuity of care. Lisa recommended moving the measure out of the Core Set.
- Michael Bailit asked if members still thought the measure should be in the Aligned Measure Set at all. Rohit Bhalla said he thought the measure still merited remaining in the Menu Set. No members disagreed.
- **Recommendation:** Move *Plan All-Cause Readmissions* from the Core Set to the Menu Set for 2026.

Matt reminded members that they strongly considered having *Childhood Immunization Status* for a 2026-2030 Quality Benchmark measure, calling into question whether the measure should be in the Aligned Measure Set. While the Council ultimately did not select *Childhood Immunization Status* as a Quality Benchmark measure, largely due to strong performance relative to peer states, Matt noted that members expressed support during the April meeting with adding the measure to the Aligned Measure Set. Matt asked if members wished to proceed with adding *Childhood Immunization Status* to the 2026 Menu Set.

- David Krol recommended adding the measure to the Menu Set. Sandra Czunas agreed. No members disagreed.
- **Recommendation:** Add *Childhood Immunization Status* to the Menu Set for 2026.

PUBLIC COMMENT

Ellen Carter offered the opportunity for public comment. Steven Rolfsmeier said one of his favorite measures was *Annual Wellness Visit* for Medicare Advantage and Steven wondered if the measure had been considered. Ellen Carter suggested an offline conversation to update Steven on the Quality Council's process in developing recommendations for the 2026 Aligned Measure Set and 2026-2030 Quality Benchmarks.

Cheryl Lescarbeau asked about OHS' efforts to address issues with attribution for the cost growth benchmark initiative. Given that Cheryl's question did not relate to the work of the Quality Council, Alex said he would follow up with Cheryl offline.

Alex Reger notified members of OHS' June 23rd public hearing and upcoming opportunities for public comment.

NEXT STEPS & MEETING ADJOURNMENT

Alex Reger thanked members for their work in recommending updates to the Aligned Measure Set for 2026 and Quality Benchmarks for 2026-2030. Alex shared that OHS would be canceling its scheduled July and August Quality Council meetings and would plan to meet next on September 18th. The meeting adjourned at 4:11 pm.

UPCOMING MEETING:

September 18, 2025

Quality Council meeting materials:

<https://portal.ct.gov/OHS/Pages/Quality-Council>