

**Quality Council  
Meeting Minutes  
October 16, 2025 | 3:00 – 5:00 p.m. EDT  
[Meeting Recording](#)**

**ATTENDANCE:**

**By Electronic Device:**

Stephanie De Abreu	Kara Gavin	Joe Quaranta, Co-Chair
Ellen Carter, Co-Chair	David Krol	Andy Selinger
Elizabeth Courtney	Tricia Lang	Jody Terranova
Sandra Czunas	Robert McLean	Dan Tobin
Lisa Freeman	Phil Roland	
Amy Gagliardi	Alix Pose	

**Absent:**

Petrina Davis	Alison Vail
Marlene St. Juste	Setu Vora

**Other Participants:**

Alex Reger, OHS	Amy Porter, OHS	Matt Reynolds, Bailit Health
Lisa Sementilli, OHS	James Lee, OHS	Heidi Wilson, Connie

**WELCOME AND CALL TO ORDER**

Ellen Carter called the October meeting to order. Ellen asked Matt Reynolds to conduct a roll call. There was a quorum present. Ellen reviewed the agenda for the meeting.

**APPROVAL OF JUNE 5, 2025, MINUTES**

David Krol motioned to approve the June meeting minutes. Robert McLean seconded the motion. The Quality Council approved the minutes without objection.

**INTRODUCING OHS' NEW ACTING COMMISSIONER**

Alex Reger shared that Amy Porter, Commissioner of the Connecticut Department of Aging and Disability Services, had agreed to serve in dual capacities as Acting Commissioner of OHS for an interim period. Amy Porter introduced herself to the Quality Council and thanked members for the advice they provide to OHS.

**2025–2026 QUALITY COUNCIL MEETING PLAN**

Alex Reger reviewed the draft Quality Council meeting plan for November 2025 through June 2026. Alex then noted that OHS would like to hold either the January or February 2026 Quality Council meeting in person. Alex asked if members would be willing and able to attend an in-person meeting in January or February and, if so, whether one month would be better than the other. In the meeting chat, OHS provided a [link](#) to a survey to which members may respond. Alex reported that 15 of 20 responding members voted to host the in-person meeting in February.

**REVIEW OHS' RATIONALE FOR CHANGES TO QUALITY COUNCIL RECOMMENDATIONS**

Alex Reger noted that when finalizing the 2026 Aligned Measure Set and the 2026–2030 Quality Benchmarks, OHS largely adopted the Quality Council’s recommendations. However, OHS did deviate from a couple of the Council’s recommendations to better align the Quality Benchmarks and the Aligned Measure Set. Alex then reviewed the specific deviations and OHS’ rationale for its decisions.

#### **OHS’ PLANS TO BETTER COMMUNICATE EXPECTATIONS TO THE QUALITY COUNCIL**

Alex Reger shared that OHS was taking steps to avoid future departures from the Quality Council’s recommendations, including:

- asking the Commissioner for any specific direction ahead of each annual review (or setting of new Quality Benchmarks), and
- reviewing any substantive recommended changes recommended by the Quality Council with the Commissioner after each Council meeting so that any concerns can be shared with the Quality Council for consideration.

Alex asked if members had other suggestions for how OHS can better communicate expectations with the Quality Council.

- Ellen Carter thanked Alex and OHS for its transparency and commitment to improving its processes.

#### **NEXT STEPS FOR SETTING REL DATA COMPLETENESS QUALITY BENCHMARKS**

Matt Reynolds shared that for 2026 and 2027, OHS was thinking that the *REL Data Completeness* Quality Benchmark would have reporting-only status.

Matt noted that the metrics OHS would report for payers (both individually and in aggregate) may include:

- Which / what % of payers submitted R, E, and L data to the APCD?
- What % of members in the APCD have complete, self-reported R, E, and L data?
- What % of members in the APCD have complete, self-reported R, E, and L data, collected according to OHS’ standards?

Similarly, Matt noted that the metrics OHS would report for providers (both individually and in aggregate) may include:

- Which / what % of providers submitted R, E, and L data to Connie?
- What % of patients in Connie have complete, self-reported R, E, and L data?
- What % of patients in Connie have complete, self-reported R, E, and L data collected according to OHS’ standards in Connie?

Matt stated that OHS was thinking of setting target values for 2028–2030, with the help of the Quality Council, after collecting 2026 data as a baseline. Matt noted that values for 2029 and 2030 could subsequently be modified, if necessary, based on subsequent year(s) data.

Finally, Matt shared that:

- OHS would collect data by market (excluding Medicare Fee-for-Service) to evaluate whether targets should be market-specific.
- OHS was thinking that the 2028 and 2029 target values would be standard-agnostic data completeness targets, meaning the measure would assess completeness for data collected using any standard.
- For 2030, OHS was thinking that completeness target values would be for data collected according to OHS’ specific data standards.

Matt asked members for any questions and/or feedback they may have.

- Robert McLean noted that patients/members may increasingly be reluctant to provide their race, ethnicity and language data. Alex Reger noted that patients/members are not required to provide the data, adding that responses of “I choose not to identify” or “I am not sure / don’t know” would be counted as complete. Matt Reynolds added that OHS would set reasonable target values for improved completeness based on baseline data collected in 2026.
- David Krol suggested that OHS and Connie think about how to offer support to providers that don’t submit race, ethnicity, and language data to Connie in the initial year(s) of data collection. David also asked about cases where the patient has been seen by multiple providers, and whether providers would get credit for submitting only their own patients’ race, ethnicity and language data, or if providers would get credit if another provider submitted the data for their patient in such cases. Heidi Wilson noted that Connie would enable OHS to take either approach. Matt replied that OHS had not yet determined answers to more granular considerations such as this, but thanked David for raising the issue for deliberation.
  - Sandra Czunas noted that Connie has a Data Governance Committee that OHS may want to leverage in determining answers to questions such as David’s. Ellen Carter agreed.
- In response to a question in the chat from a member of the public, Heidi Wilson noted that all providers with an EHR are required to connect with Connie, though they are not required to submit race, ethnicity, and language data to Connie.
  - Ellen Carter noted that resources on collecting race, ethnicity, and language data are available to providers through the [Yale Equity Research and Innovation Center](#) (ERIC).

#### **SPECIFICATION CHANGES TO 2026 QUALITY BENCHMARK MEASURES**

Matt Reynolds shared that OHS did not identify major specification changes to any of the 2026 Quality Benchmark measures that would warrant modification to OHS’ 2026 Quality Benchmarks.

#### **PUBLIC COMMENT**

Ellen Carter offered the opportunity for public comment. No members of the public offered comment.

#### **NEXT STEPS & MEETING ADJOURNMENT**

Alex Reger and Sandra Czunas thanked representatives from the Office of the State Comptroller’s Primary Care Initiative for joining the call. Alex Reger shared that the next meeting was scheduled for Thursday, November 20<sup>th</sup> from 3–5 pm. David Krol motioned to adjourn. Robert McLean seconded the motion. The meeting adjourned at 4:07 pm.

#### **UPCOMING MEETING:**

November 20, 2025

Quality Council meeting materials:

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