



December 29, 2023

To All It May Concern:

On January 22, 2020, Governor Lamont signed [Executive Order No. 5](#) directing the Office of Health Strategy (OHS) to develop annual Quality Benchmarks for calendar years (CY) 2022-2025. During the 2022 legislative session, §§217-223 of [Public Act 22-118](#) essentially codified Executive Order No. 5’s provision into law. In 2021, OHS [selected](#) seven Quality Benchmark measures and Benchmark values for phased implementation and set separate Benchmark values for the commercial, Medicaid and Medicare Advantage markets, per the recommendation of the OHS Quality Council, its key advisory body on quality measurement.

The Phase 1 Quality Benchmark measures became effective on January 1, 2022 and the Phase 2 Quality Benchmark measures will become effective on January 1, 2024. Per statutory requirements, OHS will report payer and Advanced Network performance against the Quality Benchmark values beginning with CY 2022 performance on the Phase 1 Quality Benchmark measures. **Table 1** below lists the 2022-2025 Quality Benchmark measures and levels of measurement.

Table 1. 2022-2025 Quality Benchmark Measures

Quality Benchmark Measure	Steward ¹	Description	Levels of Measurement
Phase 1 Measures (Effective January 1, 2022)			
Asthma Medication Ratio	NCQA	Percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	State, Market, Payer, Advanced Network
Controlling High Blood Pressure	NCQA	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) during the measurement year	State, Market, Payer, Advanced Network

¹ CT OHS: Connecticut Office of Health Strategy
BRFSS: Behavioral Risk Factor Surveillance System
NCQA: National Committee for Quality Assurance

Quality Benchmark Measure	Steward ¹	Description	Levels of Measurement
Glycemic Status Assessment for Patients with Diabetes <i>(formerly Hemoglobin A1c [HbA1c] Control for Patients with Diabetes: HbA1c Poor Control)</i>	NCQA	Percentage of patients 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin a1c [HbA1c] or glucose management indicator [GMI]) was >9.0% during the measurement year.	State, Market, Payer, Advanced Network
Phase 2 Measures (Effective January 1, 2024)			
Child and Adolescent Well-Care Visits	NCQA	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year	State, Market, Payer, Advanced Network
Follow-up After Emergency Department (ED) Visit for Mental Illness (7-day)	NCQA	Percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 days of the ED visit	State, Market, Payer, Advanced Network
Follow-up After Hospitalization Visit for Mental Illness (7-day)	NCQA	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge	State, Market, Payer, Advanced Network
Obesity Equity Measure	CT OHS (using data from BRFSS)	A ratio of statewide obesity rates for the Black, non-Hispanic population and the White, non-Hispanic population	State

This letter intends to inform your organization about changes to the Quality Benchmark values that OHS recently finalized. This fall, OHS and its Quality Council conducted an annual review of measure specification changes for the Quality Benchmark measures and recommended a methodological change to one Phase 1 Quality Benchmark measure given its significant specification changes for measurement year 2024. OHS and the Quality Council also reviewed the Phase 2 Quality Benchmark values and recommended changes to the 2025 Quality Benchmark values for the Phase 2 Measures when the values did not seem appropriate given recent performance on the measures, and recommended 2024 Quality Benchmark Values for the Phase 2 Measures because they had not yet been established.

OHS held a public hearing on these proposed changes on December 13, 2023, and accepted verbal and written public comment on the proposed changes. The materials from the public hearing and all written public comments can be found on OHS' [webpage](#).

Table 2 below summarizes the final changes to the Quality Benchmark measures (**any Quality Benchmark measures that do not appear in the table below remain unchanged**). Updated measure specifications and benchmark values for all of the Quality Benchmark measures can be found on OHS' [webpage](#).

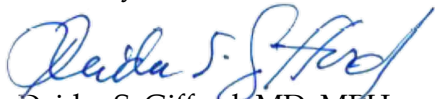
Table 2. Summary of Changes to Quality Benchmark Measures

Quality Benchmark Measure	Summary of Changes
Phase 1 Measures (effective January 1, 2022)	
<p><i>Glycemic Status Assessment for Patients with Diabetes</i></p> <p>(formerly Hemoglobin A1c [HbA1c] Control for Patients with Diabetes: HbA1c Poor Control)</p>	<ul style="list-style-type: none"> • Due to significant specification changes to this measure by the National Committee for Quality Assurance (NCQA) in measurement year 2024, OHS will not report calendar year 2024 performance on this measure against a Quality Benchmark value. • OHS will reevaluate the Quality Benchmark value for this measure after performance is reported for measurement year 2024 with the potential to adjust the measurement year 2025 Quality Benchmark value.
Phase 2 Measures (effective January 1, 2024)	
<p><i>Child and Adolescent Well Care Visits</i></p>	<ul style="list-style-type: none"> • Established a commercial Quality Benchmark value of 80% for 2024 and 82% for 2025. • Established a Medicaid Quality Benchmark value of 66% for 2024 and 68% for 2025.
<p><i>Follow-up After ED Visit for Mental Illness (7-Day)</i></p>	<ul style="list-style-type: none"> • Established a commercial Quality Benchmark value of 64% for 2024 and decreased the 2025 commercial Quality Benchmark from 75% to 66%. • Established a Medicaid Quality Benchmark value of 60% for 2024 and decreased the 2025 Medicaid Quality Benchmark value from 75% to 62%.

Quality Benchmark Measure	Summary of Changes
<i>Follow-up After Hospitalization for Mental Illness (7-Day)</i>	<ul style="list-style-type: none"> Established a commercial Quality Benchmark value of 67% for 2024 and increased the 2025 commercial Quality Benchmark value from 63% to 69%. Established a Medicaid Quality Benchmark value of 53% for 2024 and decreased the 2025 Medicaid Quality Benchmark value from 63% to 55%.
<i>Obesity Equity Measure</i>	<ul style="list-style-type: none"> Established a statewide Quality Benchmark value of 1.42 for 2024 and decreased the 2025 Quality Benchmark value from 1.33 to 1.38. Finalized a plan to monitor the three-year rolling average obesity rate for the Black, non-Hispanic obesity rate against target values of 37% for 2024 and 35% for 2025.

Thank you for your engagement with the Quality Benchmark program and your continued commitment to providing high quality healthcare.

Sincerely,



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Executive Director, Office of Health Strategy