



CONNECTICUT  
*Office of Health Strategy*

# Healthcare Innovation Steering Committee

# Meeting Agenda

- |  |        |
|--|--------|
| 1. Introductions/Call to Order           | 5 min  |
| 2. Public Comment                        | 10 min |
| 3. Approval of the Minutes               | 5 min  |
| 4. CAB & PTTF Nominations                | 5 min  |
| 5. PCMH+ Progress Update                 | 55 min |
| 6. Health Enhancement Communities Report | 40 min |
| 7. Adjourn                               |        |

# Introductions/Call to Order

# Public Comment

2 minutes per comment

# Approval of the Minutes

# CAB & PTF Nominations

# Consumer Representative Nominees

## Consumer Representatives for PTTF

Juan David Ospina

Supriyo Chatterjee

## Consumer Representative for CAB

Christiane Pimentel

## Alternates for CAB

Soneprasith Phrommavanh

Taylor Edelmann

# PCMH+ Progress Update



HEALTH WEALTH CAREER

# PERSON-CENTERED MEDICAL HOME PLUS (PCMH+) YEAR 1 RESULTS

SHARED SAVINGS CALCULATIONS

DECEMBER 13, 2018



# OUTLINE

- PCMH+ and Shared Savings Overview
- Model Specifications
- Quality Measure Results
- 2016 and 2017 PMPM Development
- Savings Calculations
- Individual Savings Pool Funding
- Challenge Pool Funding
- Challenge Pool
- Total Shared Savings
- Shared Savings Summary
- Claims Utilization



**DRAFT**

Connecticut Medicaid has now completed and evaluated the first year of its **first ever shared savings program**. The Wave 1 Performance Year was from January 1, 2017 through December 31, 2017.

As expected, **we saw considerable “ramp-up”** during the first half of the performance year. This is common among all enhanced care coordination demonstrations.

**Considerable freedom and attention was given to Participating Entities (PEs)** in order to allow staffing based on suggested parameters, but not specific standards. This allowed each PE to focus on Medicaid member needs rather than simply meeting reporting requirements.

**Key implementation results included** low member opt-out rate, low rate of member complaints, and successful PE implementation of care coordination activities and establishment of community partnerships.

## PCMH+ model design was guided by a number of important values:

- 1 Protecting the interests of Medicaid members
- 2 Improving overall health and wellness for Medicaid members
- 3 Creating high performance primary care practices with integrated support for both physical and behavioral health conditions
- 4 Building on the platform of the Department's PCMH Program, as well as the strengths and analytic capability of the Medicaid program's medical ASO
- 5 Enhancing capacity at practices where Medicaid members are seeking care, to improve health outcomes and care experience
- 6 Encouraging the use of effective care coordination to address the social determinants of health

- A review by NEJM of more than 30 studies showed that providers paid through shared savings arrangements **improve** how they deliver **care**.<sup>1</sup>
- State-based **Medicaid** alternative payment arrangements are **increasingly** being incorporated into state Medicaid reimbursement to improve health, control costs and increase accountability.
- CHCS has created an inventory of state activity. **12 states** have active Medicaid ACO-type **programs** (including Connecticut), many of which have not reported results yet. **10 more states** have shared savings programs under discussion.<sup>2</sup>
- Only a few states' shared savings programs have been in existence for multiple consecutive years, but multi-year results show quality and/or savings improve after the first year.

1. <https://catalyst.nejm.org/state-evidence-payment-reform-shared-savings/>

2. <https://www.chcs.org/resource/medicaid-aco-state-update/>

# YEAR 1 SHARED SAVINGS CALCULATION

## SHARED SAVINGS OVERVIEW

- For a new program with many new requirements and interventions, savings can be difficult to achieve in just one year.
- Some interventions have relatively immediate costs, but savings that may take more than one year to realize.
- As such, it is not unlikely that shared savings may not be realized until later years.
- Shared savings calculations include all claims except:
  - Hospice
  - Long-term services and supports
  - Waiver services
  - Non-emergency medical transportation
- PCMH+ is an upside only model. Entities do not share losses.
- More information can be found in the August 2017 Shared Savings deck found here:  
[https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/pcmhplus\\_shared\\_savings\\_calculation\\_presentation.pdf?la=en](https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/pcmhplus_shared_savings_calculation_presentation.pdf?la=en)

# YEAR 1 SHARED SAVINGS CALCULATION MODEL SPECIFICATIONS

- General Assumptions:
  - Dollars are truncated at \$100,000 before being risk adjusted.
  - Risk scores are normalized for each measurement year.
  - Comparison Group (CG) members satisfied all PCMH+ eligibility requirements.
  - The same cohort of members are included in both 2016 and 2017 calculations.
  - Claims for 2016 and 2017 had a claims runout period of 6 months for both PCMH+ members and members of the CG.
  - All other requirements outlined in the State Plan Amendment.

# YEAR 1 QUALITY RESULTS

## QUALITY MEASURES

	All PE 2016	All PE 2017	CG 2016	CG 2017	PE Change	CG Change
<b>Individual Saving Pool Quality Measures</b>						
Adolescent well-care visits	72.4%	73.7%	76.8%	76.7%	1.9%	-0.2%
Avoidance of antibiotic treatment in adults with acute bronchitis	27.6%	30.8%	27.4%	31.0%	11.6%	13.1%
Developmental screening in the first three years of life	41.7%	47.2%	42.1%	46.5%	13.1%	10.4%
Diabetes HbA1c Screening	88.5%	89.0%	91.3%	91.1%	0.6%	-0.2%
Emergency Department (ED) Usage*	87.2	82.8	69.6	65.4	-5.0%	-6.1%
Medication management for people with asthma	44.3%	47.7%	45.2%	49.1%	7.6%	8.7%
PCMH CAHPS	81.5%	82.8%	82.0%	82.5%	1.6%	0.6%
Prenatal Care	74.4%	73.6%	75.1%	74.0%	-1.1%	-1.4%
Postpartum Care	48.7%	47.8%	51.9%	46.7%	-1.8%	-10.1%
Well-child visits in the first 15 months of life	80.5%	81.0%	86.6%	87.2%	0.7%	0.6%
<b>Challenge Pool Quality Measures</b>						
Behavioral health screening 1-17	19.7%	25.5%	21.1%	23.8%	29.5%	12.8%
Metabolic monitoring for children and adolescents on antipsychotics	41.5%	40.8%	42.0%	45.0%	-1.6%	7.0%
Readmissions within 30 days*	15.0%	14.1%	11.2%	10.9%	-6.3%	-2.2%
Post-hospital admission follow-up	40.4%	42.4%	43.4%	43.1%	5.0%	-0.6%

\* A lower score indicates more appropriate care.



# YEAR 1 QUALITY RESULTS

## QUALITY MEASURES SUMMARY

### Significant improvement was observed for the following quality measures for PCMH+:

- Behavioral health screening 1-17 (29.5% improvement)
- Developmental screening in the first three years of life (13.1% improvement)
- Avoidance of antibiotic treatment in adults with acute bronchitis (11.6% improvement)
- Medication management for people with asthma (7.6% improvement)

### Quality measures that did not improve:

- The Prenatal and Postpartum Care measure only saw improvement for four out of nine participating entities. The other five participating entities scores decreased from the prior year.
- Although eight of nine participating entities saw improvement for Emergency Department Usage, only two participating entities improved more than the comparison group average.

# YEAR 1 QUALITY RESULTS

## QUALITY MEASURES

Participating Entity	2017 Performance Year Results									
	Adolescent well-care visits	Avoidance of antibiotic treatment in adults with acute bronchitis	Developmental screening in the first three years of life	Diabetes HbA1c Screening	Emergency Department (ED) Usage	Medication management for people with asthma	PCMH CAHPS	Prenatal Care	Postpartum Care	Well-child visits in the first 15 months of life
St. Vincent's AN	77.6%	20.1%	56.4%	88.1%	62.1	52.7%	82.9%	67.2%	44.0%	87.2%
Northeast Medical Group AN	75.3%	25.9%	26.5%	89.5%	71.8	51.2%	85.3%	65.6%	42.1%	87.3%
Charter Oak Family Health	70.5%	41.3%	3.4%	86.7%	100.9	41.2%	82.1%	82.9%	48.7%	66.0%
Community Health Center	72.9%	39.8%	74.1%	91.8%	93.5	47.9%	81.3%	69.1%	39.3%	73.6%
Cornell Scott- Hill Health	69.6%	28.6%	13.9%	83.9%	91.0	50.6%	83.7%	74.5%	47.5%	77.0%
Fair Haven Community Health	73.9%	37.1%	32.8%	93.1%	67.5	45.4%	82.7%	84.8%	64.6%	89.3%
Generations Family Health	64.2%	46.0%	16.1%	89.3%	116.6	43.7%	83.5%	71.8%	29.6%	77.8%
Optimus Health Care	77.7%	29.3%	16.7%	86.1%	71.8	43.4%	81.3%	81.6%	63.4%	84.3%
Southwest Community Health	70.7%	25.6%	51.2%	92.5%	80.7	49.8%	83.2%	86.7%	70.3%	92.9%

# YEAR 1 QUALITY RESULTS

## QUALITY MEASURES SUMMARY

Participating Entity	Rank	Aggregate Quality Score
Southwest Community Health	1	73.1%
Fair Haven Community Health	2	65.0%
Northeast Medical Group AN	3	59.7%
St. Vincent's AN	4	58.3%
Charter Oak Family Health	5	57.4%
Community Health Center	6 (Tie)	49.1%
Optimus Health Care	6 (Tie)	49.1%
Generations Family Health	8	40.3%
Cornell Scott-Hill Health	9	38.0%

# YEAR 1 SHARED SAVINGS CALCULATION

## 2016 PMPM DEVELOPMENT

Prior Year	Calculation Step	CG <sup>1</sup>	All PEs	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Prior Year Member Months	(a)	789,915	1,024,885	55,323	134,152	54,093	334,648	107,817	59,618	58,647	157,732	62,855
Prior Year Cost [Thousands]	(b)	\$325,465	\$549,281	\$26,017	\$67,509	\$26,904	\$175,439	\$71,936	\$26,343	\$38,354	\$71,237	\$45,543
Prior Year PMPM Cost	(c) = (b) / (a)	\$412.03	\$535.94	\$470.27	\$503.22	\$497.36	\$524.25	\$667.20	\$441.86	\$653.98	\$451.64	\$724.58
Prior Year Normalized Revenue Neutral Risk Score	(d)	0.8943	1.0753	1.0307	1.0632	1.0445	1.0360	1.2691	0.9757	1.4815	0.8795	1.2514
<b>Risk-adjusted Prior Year PMPM Cost</b>	(e) = (c) / (d)	<b>\$460.74</b>	<b>\$498.40</b>	<b>\$456.25</b>	<b>\$473.33</b>	<b>\$476.17</b>	<b>\$506.02</b>	<b>\$525.74</b>	<b>\$452.88</b>	<b>\$441.44</b>	<b>\$513.52</b>	<b>\$579.02</b>

1. Comparison Group (CG) is comprised of a group of non-participating FQHC and non-FQHC PCMH practices.

# YEAR 1 SHARED SAVINGS CALCULATION

## 2017 PMPM DEVELOPMENT

Performance Year	Calculation Step	CG	All PEs	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Performance Year Member Months	(f)	789,249	1,027,995	55,498	134,501	54,259	335,648	108,139	59,801	58,783	158,299	63,067
Performance Year Cost [Thousands]	(g)	\$321,381	\$540,338	\$26,673	\$67,401	\$29,337	\$169,540	\$71,646	\$26,053	\$36,427	\$71,344	\$41,917
Performance Year PMPM Cost	(h) = (g) / (f)	\$407.20	\$525.62	\$480.61	\$501.12	\$540.68	\$505.11	\$662.54	\$435.66	\$619.68	\$450.69	\$664.65
Performance Year Normalized Revenue Neutral Risk Score	(i)	0.8930	1.0767	1.0609	1.0750	1.2359	1.0097	1.2770	0.9708	1.3780	0.9195	1.1850
Care Coordination Add-on Payments [Thousands]	(j)		\$4,792	\$0	\$0	\$313	\$1,925	\$605	\$340	\$342	\$908	\$359
<b>Risk-adjusted Performance Year PMPM Cost<sup>1</sup></b>	(k) = [ (h) / (i) ] + [ (j) / (f) ]	<b>\$455.98</b>	<b>\$492.83</b>	<b>\$453.04</b>	<b>\$466.17</b>	<b>\$443.23</b>	<b>\$506.01</b>	<b>\$524.41</b>	<b>\$454.44</b>	<b>\$455.52</b>	<b>\$495.90</b>	<b>\$566.57</b>

# YEAR 1 SHARED SAVINGS CALCULATION

## SAVINGS CALCULATIONS

Savings (Losses)	Calculation Step	CG	All PEs	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Annual Risk-adjusted Trend Percentage	$(l) = \frac{[(k)/(e)]}{-1}$	-1.03%	-1.12%	-0.70%	-1.51%	-6.92%	0.00%	-0.25%	0.34%	3.19%	-3.43%	-2.15%
Expected Performance Year PMPM	$(m) = (e) * [1 + (l)_{CG}]$		\$493.25	\$451.53	\$468.43	\$471.25	\$500.79	\$520.31	\$448.20	\$436.88	\$508.22	\$573.03
Expected Performance Year Costs [Thousands]	$(n) = (m) * (f)$		\$507,062	\$25,059	\$63,005	\$25,570	\$168,089	\$56,266	\$26,803	\$25,681	\$80,450	\$36,140
Risk-adjusted Savings [PMPM Basis]	$(o) = (m) - (k)$		\$0.42	(\$1.51)	\$2.26	\$28.02	(\$5.22)	(\$4.10)	(\$6.24)	(\$18.64)	\$12.32	\$6.47
Risk-adjusted Savings [Thousands] <sup>1</sup>	$(p) = (o) * (f)$		\$433	(\$84)	\$304	\$1,520	(\$1,754)	(\$443)	(\$373)	(\$1,096)	\$1,951	\$408

1. PEs with trends 2.00% greater than/less than CG trend are considered credible losses/savings per the Minimum Savings Requirement (MSR).

# YEAR 1 SHARED SAVINGS CALCULATION

## INDIVIDUAL SAVINGS POOL FUNDING

Savings	Calculation Step	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Risk-adjusted Savings [Thousands]	$(p) = (o) * (f)$	(\$84)	\$304	\$1,520	(\$1,754)	(\$443)	(\$373)	(\$1,096)	\$1,951	\$408
MSR Threshold [Thousands]	$(q) = 0.02 * (n)$	\$501	\$1,260	\$511	\$3,362	\$1,125	\$536	\$514	\$1,609	\$723
MSR-adjusted Savings [Thousands]	$(r) = \text{if } [  (p)  > (q) \text{ then } (p), \text{ otherwise } 0 ]$	\$0	\$0	\$1,520	\$0	\$0	\$0	(\$1,096)	\$1,951	\$0
Savings Cap [Thousands]	$(s) = 0.10 * (n)$	\$2,506	\$6,300	\$2,557	\$16,809	\$5,627	\$2,680	\$2,568	\$8,045	\$3,614
Capped MSR-adjusted Savings [Thousands]	$(t) = \text{if } [ (p) \leq 0 \text{ then } 0, \text{ otherwise } \min\{(p), (r), (s)\}]$	\$0	\$0	\$1,520	\$0	\$0	\$0	\$0	\$1,951	\$0
<b>Individual Savings Pool Funding [Thousands]</b>	$(u) = 0.50 * (t)$	\$0	\$0	\$760	\$0	\$0	\$0	\$0	\$975	\$0

# YEAR 1 SHARED SAVINGS CALCULATION

## INDIVIDUAL SAVINGS POOL FUNDING

Savings	Calculation Step	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Individual Savings Pool Funding	(w) = (u)	\$0	\$0	\$760,241	\$0	\$0	\$0	\$0	\$975,257	\$0
Aggregate Quality Score	(x)	59.72%	58.33%	57.41%	49.07%	37.96%	65.00%	40.28%	49.07%	73.15%
<b>Savings Awarded via Individual Savings Pool</b>	(y) = (w) * (x)	<b>\$0</b>	<b>\$0</b>	<b>\$436,435</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$478,598</b>	<b>\$0</b>
Unclaimed Individual Savings	(z) = (w) - (y)	\$0	\$0	\$323,806	\$0	\$0	\$0	\$0	\$496,659	\$0



# YEAR 1 SHARED SAVINGS CALCULATION CHALLENGE POOL FUNDING

Individual Savings Pool	Calculation Step	All PEs
Aggregate MSR-adjusted Savings	$(v) = \sum [ (r) ]$	\$2,375,366
Unclaimed Individual Savings	$(z)$	\$820,465
Savings Awarded via Individual Savings Pool	$(aa) = \sum (y)$	\$915,033
Challenge Pool Limit	$(ab) = \text{maximum} [ (v) - (aa), 0 ]$	\$1,460,333
<b>Challenge Pool Funding</b>	$(ac) = \text{minimum} [ (z), (ab) ]$	<b>\$820,465</b>

# YEAR 1 SHARED SAVINGS CALCULATION CHALLENGE POOL

Summary of Savings Distributions	Calculation Step	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Challenge Pool Eligible	(ad)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Number of Challenge Measures Passed	(ae)	3	4	3	2	2	2	1	1	2
Member-weighted Challenge Measures	(af) = if [ (ad) = Yes, then (f) * (ae), otherwise 0 ]	166,494	538,004	162,777	671,296	216,278	119,602	58,783	158,299	126,134
Challenge Pool Distribution Percentage	(ag) = (af) / $\sum$ (af)	7.51%	24.26%	7.34%	30.27%	9.75%	5.39%	2.65%	7.14%	5.69%
<b>Challenge Pool Award</b>	(ah) = if [ (ac) $\leq$ 0 then 0, otherwise (ac) * (ag) ]	<b>\$61,597</b>	<b>\$199,044</b>	<b>\$60,222</b>	<b>\$248,358</b>	<b>\$80,016</b>	<b>\$44,249</b>	<b>\$21,748</b>	<b>\$58,566</b>	<b>\$46,665</b>

# YEAR 1 SHARED SAVINGS CALCULATION

## TOTAL SHARED SAVINGS

Summary of Savings Distributions	All PEs	Northeast Medical Group AN	St. Vincent's AN	Charter Oak Health Center	Community Health Center, Inc.	Cornell Scott-Hill Health Center	Fair Haven Community Health Center	Generations Family Health Center	Optimus Health Care, Inc.	Southwest Community Health Center, Inc.
Savings Awarded via Individual Savings Pool	\$915,033	\$0	\$0	\$436,435	\$0	\$0	\$0	\$0	\$478,598	\$0
Savings Awarded via Challenge Pool	\$820,465	\$61,597	\$199,044	\$60,222	\$248,358	\$80,016	\$44,249	\$21,748	\$58,566	\$46,665
<b>Total Shared Savings</b>	<b>\$1,735,498</b>	<b>\$61,597</b>	<b>\$199,044</b>	<b>\$496,657</b>	<b>\$248,358</b>	<b>\$80,016</b>	<b>\$44,249</b>	<b>\$21,748</b>	<b>\$537,164</b>	<b>\$46,665</b>

# YEAR 1 SHARED SAVINGS CALCULATION SUMMARY

Comparison Group Trend: -1.03%

All Participating Entities Trend: -1.12%

Aggregate MSR-adjusted Savings: \$2,375,366

Two Participating Entities earned savings in the Individual Savings Pool

All Participating Entities earned a Challenge Pool Award

# YEAR 1 CLAIMS UTILIZATION OVERVIEW

The same cohort of members were used for the shared savings calculation and the claims utilization review.

No adjustments for claims runout, risk adjustment or claims truncation were made.

# YEAR 1 CLAIMS UTILIZATION OVERVIEW

## Claims per 1,000 Member Months Year Over Year Change

Category of Service	All Participating Entities	Comparison Group
Dental	-7.30%	-5.89%
Durable Medical Equipment	-4.19%	0.99%
Inpatient	-9.93%	-11.22%
Lab/Rad	-16.26%	-12.25%
Other	24.01%	33.64%
Other Practitioner	19.56%	9.66%
Outpatient	-0.75%	-7.00%
Outpatient - Emergency	-12.61%	-11.98%
Pharmacy	1.15%	0.46%
Professional	-2.44%	-2.10%
<b>All COS</b>	<b>-0.46%</b>	<b>0.07%</b>



**MERCER**

**MAKE TOMORROW, TODAY**

# Health Enhancement Communities Report



# Health Enhancement Community Initiative: Draft HEC Proposed Framework

Healthcare Innovation Steering  
Committee Meeting  
December 13, 2018

# Meeting Objectives

## **Purpose of today's meeting:**

- Determine whether to release the Proposed HEC Framework (shorter document) and Technical Report (longer document) for public comment

# Current Timeline

Step	Timeframe
<b>Milestone:</b> PHC receives 1 <sup>st</sup> draft HEC Report <i>(complete)</i>	Monday October 22
<i>PHC provides feedback on draft HEC Proposed Framework (complete)</i>	Tuesday October 23 – Thursday November 1
<i>PHC Meeting – Discuss HEC Proposed Framework (complete)</i>	Thursday November 1
<i>HISC Meeting – Discuss HEC Proposed Framework (complete)</i>	Thursday November 15
<i>Make Framework revisions and send to PHC (complete)</i>	Mid to Late November
<i>PHC Meeting to review revised Framework and approve to send to HSIC (complete)</i>	November 29
<b>Milestone:</b> HISC determine if approve releasing Framework for public comment	December 13
Public Comment period	January – February
PHC review public comment recommendations and changes to HEC Framework	February – March
HISC review and approval of HEC Framework	March

# Timeline & Process: Things to Keep in Mind

- Two documents were provided for this meeting based on feedback:
  - Shorter **Proposed HEC Framework**
    - *We expect this is what most people will read.*
  - Longer **Technical Report** – Reference document for those who want higher level of detail.
- Design elements are currently provisional
  - Some elements may evolve based on public comment period and continued stakeholder and community engagement

# Timeline & Process: Things to Keep in Mind

- Even if you agree in this meeting to release for public comment, this is not your last opportunity to provide input
  - These documents will be revised, as appropriate, based on public comment and continued stakeholder and community engagement
  - The PHC and the HISC will have the opportunity to review again in early 2019 along with the public comments received
- Sooner approval means more time for public comment
- Goal is to have final document by the **end of March 2019** in order to begin focusing on HEC pre-procurement phase of work

# Population Health Council in November meeting

- Wanted to change “community organizing groups” to “community groups”
  - More general term that includes community organizing and other roles that community members/groups may want to play
- Wanted to remove the figure about the HEC structure
  - Did not disagree with content but said the graphic was confusing
  - *Will want more detail in the narrative about how it will work but approved doing that during and based on public comment.*

# Public Comment Period

- Once the draft HEC Framework and Technical Report is released for public comment...
- Posted on CT SIM website – new HEC section is under development
- Interested individuals and/or organizations will submit written comment through a dedicated email
- Aiming for 4-5 week public comment period, depending on timing of approval and website posting
- Will continue meeting with stakeholders during public comment period to obtain and incorporate feedback
- Comments will be reviewed with the Population Health Council, reports will be revised, and reports come back to the HISC for final approval

# Proposed Motion

Motion to release the Proposed HEC Framework and Technical Report for public comment.



# Next Steps and Closing

# Adjourn