

June 2022



HEALTHCARE BENCHMARK
INITIATIVE
DATA ANALYTICS
WORKGROUP (HBIDAW)
BY-LAWS



Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Table of Contents

ARTICLE I – MISSION STATEMENT/GOALS & OBJECTIVES...4
Section I – Mission Statement... 4
Section II – Goals and Objectives... 4
ARTICLE II – DUTIES AND COMPOSITION OF THE HBIDAW4
Section I – Duties 4
Section II – Composition 4
ARTICLE III – MEMBERSHIP
Section I – Members 5
Section II – Categories of Membership 5
Section III – Term of Membership..... 5
Section IV – Attendance..... 5
Section V –Member Preparedness 5
Section VI – Resignation and Removal of Members 5
Section VII – Resignation by Notice..... 6
Section VIII – Termination of Members for Cause of Action 6
Section IX– Vacancies 6
ARTICLE IV – CHAIR6
Section I –Chair Appointment and Duties 6
Section II – Removal of Members 6
ARTICLE V – SUBGROUP6
Section I – General Provision 6
Section II – Subgroup Appointment..... 6
ARTICLE VI – MEETINGS REGULAR AND SPECIAL7
Section I – Frequency and Location of Meeting 7
Section II – Notice..... 7
Section III – Special Meetings 7
Section IV – Meeting Material..... 7
Section V – Quorum 7
Section VI – Voting..... 8
Section VII – Conducting Meetings 8
Section VIII – Public Comment at Meetings..... 8
ARTICLE VII – CONFLICT OF INTEREST8



Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Section I – General Statement 8

ARTICLE VIII – DUTIES OF OHS.....8

ARTICLE IX – OFFICIAL COMMUNICATION AND REPRESENTATION.....9

Section I – Official Communication..... 9

Section II – Representation..... 9

ARTICLE X – MAINTENANCE OF RECORDS.....9

ARTICLE XI – NON-DISCRIMINATION9

APPENDICES 10

Appendix I – Definitions, Abbreviations, and Acronyms 10

Appendix II – Conflict of Interest Policy and Statement 12

Appendix III – Robert’s Rules of Order, Abbreviated 14

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

ARTICLE I – MISSION STATEMENT/GOALS & OBJECTIVES

Section I – Mission Statement

The mission of Connecticut’s Office of Health Strategy (OHS) is to implement comprehensive, data-driven strategies that promote equal access to high-quality healthcare, control costs, and ensure better health outcomes for the people of Connecticut.

The mission of the Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW) is to aid the Connecticut Office of Health Strategy’s (OHS) Healthcare Benchmark Initiative by designing and reviewing standard cost drivers, cost driver reports, and ad hoc analyses using available APCD data, identifying opportunities to reduce spending growth, and offering recommendations for areas of focus to OHS’ Healthcare Benchmark Initiative Steering Committee.

Section II – Goals and Objectives

The goals and objectives of the Workgroup are to provide advice on:

- A. Implementing the Data Use Strategy, including design and review of standard and ad hoc reports.
- B. Benchmarking of Connecticut spending to other state benchmarks.
- C. Identifying contributors to high spending, spending variation, and spending growth.
- D. Identifying opportunities for cost growth mitigation strategies to improve healthcare affordability.
- E. Using analytic findings in an illustrative manner to make a compelling case to support policy change to ensure equitable, high-quality healthcare and improved population health.
- F. Offering contextual insights when interpreting analytic findings.

ARTICLE II – DUTIES AND COMPOSITION OF THE HBIDAW

Section I – Duties

For OHS to understand cost drivers, identify opportunities for cost growth mitigation strategies, and recommend policy changes, the HBIDAW shall:

- A. Review background materials and analysis to understand the issues to be addressed in the review process.
- B. Attend Workgroup meetings.
- C. Work collaboratively with one another to explore issues and develop recommendations.
- D. Consider and integrate State and Steering Committee direction into advice as appropriate.

Section II – Composition

The HBIDAW composition of members will include the Department of Social Services and the Office of State Comptroller or their designees, and representatives of healthcare stakeholders selected by the Executive Director of the Office of Health Strategy.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

ARTICLE III – MEMBERSHIP

Section I – Members

The terms “member” or “members,” as used in these by-laws refer to persons who have been appointed by OHS with a letter from the executive director.

Section II – Categories of Membership

At a minimum, membership of the HBIDAW, in addition to prescribed members described in Article II, Section II, shall strive to include representation of the following categories:

- A. Organizations representing health care providers or health care providers
- B. Insurance carriers
- C. Health equity advocates
- D. Healthcare economics or actuarial experts
- E. Data analytic subject matter experts

Section III – Term of Membership

Other than the state officials serving on the HBIDAW, the terms of membership on the HBIDAW shall be three (3) years. Upon expiration of their terms, a member may be nominated and re-elected to an additional term.

Section IV – Attendance

The proper functioning of the Workgroup depends upon the commitment of its members.

Members should inform the HBIDAW Chair if a member will be absent from a meeting.

HBIDAW members will be administratively discharged after four absences incurred during the calendar year (January 1 – December 31). Members will be notified of their membership status after their third absence in the calendar year.

Section V – Member Preparedness

It is the responsibility of voting members to:

- A. Prepare for meetings by reviewing materials distributed *prior* to a meeting, prepare to raise questions and comments about issues being discussed.
- B. Participate in meeting discussions.
- C. Listen and speak respectfully to others.
- D. Comply with OHS’ Conflict of Interest policy (see attachment).

Section VI – Resignation and Removal of Members

A HBIDAW member shall serve such member’s designated term unless such member resigns, is removed, or otherwise disqualified to serve.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Section VII – Resignation by Notice

Any member choosing to leave the Workgroup shall submit a letter, or send an e-mail, of resignation to the Chair. Resignation by notice shall take effect on the date of receipt of such notice by the Chair.

Section VIII – Termination of Members, other than state officials or their designees, for Cause

A member of the Workgroup may be removed from membership for any of the following:

- A. Non-attendance at workgroup meetings without notification, except in the case of an urgent or emergent situation
- B. Other causes, such as unethical behavior, as determined by OHS whenever, in its judgement, the best interests of OHS and HBIDAW would be served by removal

Section IX – Vacancies

In the event of a vacancy on the HBIDAW, OHS will appoint a qualified person to fill the vacancy.

ARTICLE IV – CHAIR

Section I – Chair Appointment and Duties

The Executive Director of the Office of Health Strategy shall appoint the Chair of HBIDAW.

The Chair shall preside at all meetings and shall perform all other duties necessary or incidental to the position.

Section II – Removal of Members

A member other than the Chair may be removed for cause by a two-thirds vote of a quorum at any regularly scheduled or special meetings of the HBIDAW. This must appear as an item on the agenda in accordance with the rules for meeting/agenda notification.

ARTICLE V – SUBGROUPS

Section I – General Provision

Ad-hoc subgroups of the HBIDAW may be created at any time to meet the operational needs of the HBIDAW and may include members that are not part of the membership of the Workgroup. Subject-matter experts may be consulted by ad-hoc subgroups. Any recommendations from subgroups shall be shared with the full HBIDAW for its consideration.

Section II – Subgroup Appointment

The HBIDAW Chair shall appoint a Chair for each subgroup. The responsibilities will include presiding at meetings, ensuring the development of meeting agendas directing the affairs and activities, ensuring the taking of meeting minutes, and reporting back to the full HBIDAW about its activities.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

ARTICLE VI – MEETINGS: Regular and Special

Section I – Frequency and Location of Meeting

Regular meetings of the HBIDAW shall be held at intervals determined necessary by OHS and at such place and time as may be determined. The Workgroup shall ensure that the location and time of meetings are reasonably accessible to members.

All regular meetings of the HBIDAW and meetings of subgroups shall comply with the Freedom of Information Act. HBIDAW minutes as well as other documents produced by the HBIDAW shall be public documents, and in accordance with the Freedom of Information Act (FOIA).

Action may be taken by the team based on a simple majority of votes of those members present at a meeting. An annual schedule of regular meetings shall be made available to the public.

Section II – Notice

An announcement of each regular HBIDAW meeting and the agenda for the meeting shall be e-mailed to all members at least forty-eight hours in advance of the date of the meeting.

Section III – Special Meetings

Special meetings of the HBIDAW may be held or called by the Chair. The special meeting call shall be a written notice e-mailed to members, not less than seven (7) days prior to the date set for such special meeting. Such call must set forth specifically the subject matter of the meeting, and other subjects may not be introduced or considered at such meetings.

Section IV – Meeting Materials

OHS staff, or an agent acting on behalf of OHS, shall prepare a draft of the minutes of each HBIDAW meeting, stating the action taken at such meeting, and shall submit them to members as expeditiously as possible for their review. Any member wishing to propose a correction to the minutes shall propose a correction at the meeting at which the minutes are presented for review and approval. Any such approved corrections will be made to the permanent file copy. For substantive or major revisions, any member may request that a copy of the revised minutes be redistributed to all HBIDAW members. Meeting minutes and any votes will be posted on the OHS website.

OHS staff or an agent acting on behalf of OHS shall submit related meeting materials to members as expeditiously as possible in advance of the date of the meeting for members' review.

Section V – Quorum

At any HBIDAW meeting, the presence of at least one half (1/2) of the members shall be necessary to constitute a quorum for the purpose of engaging in any formal decision-making. The presence of a quorum will be called by the Chair.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Section VI – Voting

Each member of the HBIDAW shall be entitled to one vote upon any matter before it that requires a vote. Voting upon any issue shall be voice vote, or by show of hands, of the members. Rollcall may be utilized for video-conference meetings if a voice vote is unclear.

Section VII – Conduct of Meetings

All meetings will be conducted in an orderly manner and governed by these Bylaws. Regular and Special HBIDAW meetings shall be conducted using Robert’s Rules of Order Abbreviated.

Section VIII – Public Comment at Meetings

The agenda for each meeting shall contain an item “Public Comment” at the beginning of regularly scheduled business. The HBIDAW Chair shall manage any public comments and participation at the meeting.

ARTICLE VII – CONFLICT OF INTEREST

Section I – General Statement

All HBIDAW members are required to disclose in advance if they, their employer or any member of their immediate family could possibly benefit financially from the outcome of a HBIDAW decision process. A Conflict of Interest Disclosure Form is completed by each Workgroup Member and submitted to the Office of Health Strategy (OHS). Once disclosed, the individual can choose to abstain from a vote or be recused from a discussion.

In the event of a matter that raises a potential conflict of interest comes before the HBIDAW or a subgroup for consideration, recommendation or decision, the member shall disclose the conflict of interest as soon such member becomes aware of it.

This “conflict-of-interest” principle shall not be construed as preventing any member of the HBIDAW from full participation in discussion about the Healthcare Benchmark Initiative or subgroup needs. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the health service delivery system if they disclose verbally any potential conflicts of interest at the beginning of such discussion.

ARTICLE VIII – DUTIES OF OHS

The duties of OHS to the HBIDAW are as follows:

- A. OHS shall inform the HBIDAW about all changes that impact its mission, which includes Federal and State policy.
- B. OHS shall support the work of the HBIDAW by providing administrative support, technical assistance, and other support as resources allow.
- C. OHS will ensure on-going communication between the Healthcare Benchmark Initiative Steering Committee, the Healthcare Benchmark Initiative Stakeholder Advisory Board, any relevant subgroups, and agency staff and leadership.
- D. OHS staff assigned to the HBIDAW will attend all meetings and inform the HBIDAW of timely developments.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

ARTICLE IX – OFFICIAL COMMUNICATION AND REPRESENTATION

Section I – Official Communication

Any communication request of the HBIDAW to the media or general public should be directed to the OHS Communications point of contact.

Section II – Representation

No member of the HBIDAW or any subgroup shall make any statement or communication under circumstances that might reasonably give rise to an inference that such member is representing the HBIDAW or OHS (including, but not limited to, communications upon OHS stationary, public acts, statements or communications in which such member is identified as a member of the HBIDAW) except only in actions or communications that are clearly within the policies of the HBIDAW Chair in consultation with OHS. An example of an acceptable action is a Workgroup member being asked to provide information about the HBIDAW and its activity at a public meeting or forum being conducted on health equity or health related issues.

ARTICLE X – MAINTENANCE OF RECORDS

Files containing HBIDAW and subgroup minutes, correspondence, and records shall be maintained by OHS staff at the OHS Office, 450 Capitol Ave., Hartford, CT 06105. Electronic copies of all documents shall be retained in accordance with OHS’ record retention policies.

ARTICLE XI – NON-DISCRIMINATION

The officers, staff, and committee members of the HBIDAW and any of its subgroups shall be selected without discrimination with respect to age, gender, race, religion, disability, sexual orientation, gender identity or expression, or national origin.

All HBIDAW business and activities shall be conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, race, religion, disability, sexual orientation, gender identity or expression, or national origin.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

APPENDICES

Appendix I – Definitions, Abbreviations, and Acronyms

All Payers Claims Database: Connecticut's All Payer Claims Database (APCD) was established as a program to receive, store, and analyze health insurance claims data - <https://portal.ct.gov/OHS/Services/HIT-Health-Innovation-Consumer-Engagement/Health-Information-Technology/All-Payer-Claims-Database>

Data use strategy refers to OHS' plan to purposefully leverage state and other publicly available data to achieve the objectives of Governor Lamont's Executive Order No. 5.

Executive Order No. 5, signed by Governor Lamont in January 2020, directs OHS to develop annual healthcare cost growth benchmarks for calendar years 2021-2025 and to implement several related initiatives, including a primary care spending target and quality benchmarks. [Executive-Order-No-5.pdf \(ct.gov\)](#)

FOIA: The Freedom of Information Act (FOIA) is a state law that grants the public access to information possessed by government agencies.

Health equity means “that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Healthcare Benchmark Initiative refers to OHS' four-pronged approach to implement Governor Lamont's Executive Order No. 5: establishing cost growth benchmarks, establishing primary care spending targets, developing a data use strategy, and establishing quality benchmarks.

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW) refers to the workgroup established by OHS to aid the Healthcare Benchmark Initiative by designing and reviewing standard cost drivers, cost driver reports, and ad hoc analyses using available APCD data, identifying opportunities to reduce spending growth, and offering recommendations for areas of focus to OHS' Healthcare Benchmark Initiative Steering Committee.

Healthcare cost growth benchmark refers to a targeted annual healthcare growth rate that payers, providers, and the state should endeavor to stay below. [CT-OHS-Healthcare-Benchmark-Initiative-November-2020-Report_final.pdf](#)

Office of Health Strategy (OHS) refers to the agency established by the Connecticut General Assembly in 2018. OHS' mission is to implement comprehensive, data driven strategies that promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut. [Connecticut Office of Health Strategy](#)



Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Primary Care Spending Target refers to the establishment of a goal for increasing statewide primary care spending as a percentage of total medical spending. [CT-OHS---primary-care-spending-target-fact-sheet-2021.pdf](#)

Public Act 22-118 refers to the cost growth benchmarks, primary care target, and quality benchmarks from [Executive-Order-No-5.pdf \(ct.gov\)](#) codified into Connecticut state statute.

Quality benchmarks are annual measures and target values that all public and private payers, provider entities, and the state must work to achieve to improve healthcare quality in the state beginning January 1, 2022. [Quality-Benchmarks-Report-Final-March-2022.pdf \(ct.gov\)](#)

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government.

Stakeholder Advisory Board refers to the Healthcare Benchmark Initiative Stakeholder Advisory board created by OHS to ensure that stakeholders from across the CT healthcare landscape have input and feedback into the development of all components of the Healthcare Benchmark Initiative.

Steering Committee refers to the Healthcare Benchmark Initiative Steering Committee created by OHS to provide insight and feedback on the successful implementation of the Healthcare Benchmark Initiative components. [Healthcare Benchmark Initiative Steering Committee \(ct.gov\)](#)

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Appendix II – Conflict of Interest Policy and Statement

General Principles

The OHS Healthcare Benchmark Initiative Data Analytics Workgroup (“HBIDAW”) seeks to avoid any conflict of interest in its operations and, where possible, to avoid even the appearance of a conflict. The members of the HBIDAW understand that, as an advisory body of OHS, HBIDAW members are expected to maintain a commitment to transparency and integrity of their work.

The integral nature of the input OHS receives from the HBIDAW will inform the development of health policy intended to benefit all within the State. While HBIDAW members will benefit from their work, as a resident of the State, this policy is not intended to address those situations where members may benefit from a decision simply because they are a member of the HBIDAW. Instead, this policy is designed to address situations where a board or committee member has a specific or individualized interest which may impact his/her ability to participate in HBIDAW activities in a neutral, transparent, and unbiased manner.

Taking into consideration the above principles, individuals covered by this policy agree that they will not participate in any HBIDAW decision that materially benefits them or a related party.

All individuals covered by this policy also agree to disclose any interest they have in a matter being considered by the HBIDAW of which such member is a member where that interest could reasonably be viewed by others as affecting the objectivity or independence of the covered individual. An insubstantial interest will not normally be viewed as affecting the objectivity or independence of the covered individual. However, in the interest of full disclosure, an insubstantial interest should be disclosed to the HBIDAW chair.

Conflict of Interest Policy for HBIDAW Members

For purposes of this policy, HBIDAW members are considered to have a conflict if the conflict defined under the policy is one of self or a related party to self. For the purposes of this policy, a related party is any:

- Immediate family member (children, grandchildren, parents, siblings, and spouses).
- Household member (persons residing in a member’s household).
- Organization with which an immediate family member or household member has a formal relationship. A formal relationship is defined as serving as a member, director, officer, employer or partner of an organization regardless of whether the organization is a business or nonprofit.

Determining the Existence of a Conflict of Interest

Generally defined “Conflicts of Interest” include not only individual financial gain in conflict with an individual’s duties to the HBIDAW (“material conflict”) but also conflicts arising from any interest in or duty to another organization. In general, individuals shall not seek to profit personally from their affiliations with the HBIDAW or favor the interests of themselves, relatives, friends, supporters, or other organizations over the interests of the HBIDAW, or bring their interests into conflict or competition with the interests of the HBIDAW.

Recognizing that not all conflicts of interest situations are clear-cut and easy to define, it is ultimately the responsibility of each individual to use sound judgment and avoid or determine the existence of and disclose any situation that creates or appears to create a conflict of interest. Specific questions about the possible presence of a



Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

conflict of interest shall be directed to OHS. Alternatively, the Member may choose to treat the issue as a conflict of interest in accordance with this policy.

Examples

This section includes illustrative examples of what does and does not constitute a conflict of interest that would need to be disclosed under this policy.

1. A Member works for a consulting firm which the HBIDAW is considering hiring. The Member has a material conflict of interest with respect to that issue that needs to be disclosed.
2. A Member’s employer organization has applied for a grant from the HBIDAW which is awarded by the committee. The Member has a material conflict of interest with respect to the grant decisions that needs to be disclosed.
3. A Member’s foundation has requested the HBIDAW work on a project funded by the foundation. The Member has a non-material conflict of interest with respect to the HBIDAW consideration of the project under the policy on external funding and grants that needs to be disclosed
4. A Member’s foundation is being considered for a non-financial award selected by the committee. This Member has a non-material conflict of interest with respect to award decisions that needs to be disclosed.

Other Conflicts of Interest

When a matter presents a non-material conflict of interest for individuals covered by this policy, the following procedure must be followed unless a more specific procedure is outlined above: a) The Member involved identifies the potential conflict to the HBIDAW; b) The Member fully discloses all facts relevant to the HBIDAW discussion of the matter; c) The member refrains from voting on the matter and, if requested by the HBIDAW chair, absents him or herself from the meeting during any discussion of the matter; and d) The disclosure of the conflict and recusal from the vote is documented in meeting minutes and/or other records.

HBIDAW Members are under a continuing obligation to report any actual or potential conflicts of interest and must report promptly any conflicts of interest that have not been previously disclosed including material or non-material conflicts of interest requiring disclosure under this policy.

If an individual has reasonable cause to believe that others have HBIDAW failed to disclose a conflict of interest, such individual shall inform the HBIDAW chair and OHS. The HBIDAW chair shall discuss the issue with OHS to assist in determining the appropriate steps to protect the HBIDAW.

Certificate

The undersigned hereby certifies that such individual has read and understood this Conflict of Interest Policy and agrees to abide by it.

Signature

Date

Print Name

Healthcare Benchmark Initiative Data Analytics Workgroup (HBIDAW)

Appendix III – Robert’s Rules of Order, Abbreviated

What is Parliamentary Procedure? It is a set of rules for conduct at meetings that allows everyone to be heard and to make decisions without confusion. It’s a time-tested method of conducting business at meetings and public gatherings. It can be adapted to fit the needs of any organization.

Sample Order of Business:

1. Call to order and roll call of members
2. Present the Agenda
3. Consider minutes of last meeting—vote to accept amended minutes.
4. Special orders--important business previously designated for consideration at this meeting
5. Business--motions
6. Announcements
7. Adjournment

Presenting Motions:

1. Obtain the floor
2. Make a motion--avoid personalities and stay on subject.
3. Wait for someone to second the motion.
4. Another member will second the motion or the Chairman will call for a second--if there is no second to motion it is lost.
5. The Chairman restates the motion.
6. Debate—concise and focused on content of motion.
7. Keep established time limits.
8. Put the question to the membership--if there is no more discussion, a vote is taken.

Note: Motion to Table – This motion is often used in the attempt to "kill" a motion. The option is always present, however, to "take from the table", for reconsideration by the membership.

Voting on a Motion:

1. By General Consent -- When a motion is not likely to be opposed, the Chairman says, "if there is no objection ..." The membership shows agreement by their silence, however if one member says, "I object," the item must be put to a vote.
2. By Voice -- The Chairman asks those in favor to say, "aye", those opposed to say "no". Although “voice” is preferred, any member may move for an exact count.
3. By Ballot -- Members record their votes; this method is used when secrecy is desired.

In summary, parliamentary procedure is an effective means to get things done at your meetings. But, it will only work if you use it properly.

1. Allow motions that are in order.
2. Have members obtain the floor properly.
3. Obey the rules of debate—stay focused

Most importantly, BE COURTEOUS.

Adapted from: <http://www.robertsrules.org/rulesintroprint.htm>