



The Office of Health Strategy

The Digest of Administrative Reports to the Governor

Fiscal Year 2022-2023

At-a-Glance Section

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Established - 2018

Statutory authority – Conn. Gen. Stat. Chapter 368dd, Sec. 19a-754a and other provisions

Central office – 450 Capitol Ave, MS#51OHS, P.O. Box 340308, Hartford, CT 06106-0308

Number of employees –41

Recurring operating expenses:

FY 22-23 budget: \$29,313,964.00

General Fund: \$3,456,289.00

Personal Services - \$3,443,247.00

Other Expenses - \$13,042.00 -

Covered Connecticut - \$22,805,376

Insurance Fund: \$11,200,693.00

Personal Services - \$1,141,933.00

Other Expenses - \$10,058,760.00

Equipment - \$10,000.00

Fringe Benefits - \$839,589.00

Organizational structure – The agency is headed by an executive director and a deputy director. The Central Office includes a business and administrative office, Health Systems Planning Unit, Healthcare Innovation Unit, and Health Information Technology Unit.

Mission - OHS's mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

Statutory Responsibility -

The Office of Health Strategy (OHS) was created in 2017 and formally established in February 2018 by a bipartisan effort of the Connecticut General Assembly. The legislation organized existing state resources into one body and centralized healthcare policymaking to advance health reform initiatives that will improve health, drive down consumer costs and support modernization efforts made possible by advancements in technology and communication.

Through collaboration with consumers, providers, payers, employers, legislators, state agencies and other stakeholders, the Office of Health Strategy is leading the work to promote high-quality, affordable, and accessible healthcare for all Connecticut residents, including:

- Developing health policy that improves health outcomes, ensures better access to healthcare, and identifies and addresses health inequities;
- Reining in Connecticut's high per-capita healthcare spending, stabilizing consumer costs across all sectors of healthcare, and promoting growth and job creation through healthcare reform initiatives;
- Modernizing how healthcare providers communicate and share data to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar spent on healthcare;
- Providing transparency into health care costs and quality and the primary drivers of healthcare spending
- Ensuring that healthcare facilities are financially stable and viable to meet the medical needs of consumers in all geographic areas.

Public Service

The Office of Health Strategy is committed to its mission to implement comprehensive, data driven strategies that will promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut. We do this through consumer engagement and outreach, including listening sessions, public forums, advisory councils; by holding public hearings, by collecting and analyzing data and producing research and policy recommendations; by establishing partnerships with consumers, providers, payers, and employers; and, through working with other government agencies to develop the best ideas to improve health and healthcare in Connecticut. We do this in the most transparent and collaborative way possible. We work to ensure that Connecticut remains one of the top-ranked states for healthcare nationally.

Highlights of FY 23 Improvements/Achievements 2022-2023

- Released first-ever Healthcare Cost Growth Benchmark report on March 31, 2023. The benchmark initiative was established by Governor Lamont's [Executive Order No. 5](#) in 2020, and later codified in Conn. Gen. Stat. § 19a-754g via [Public Act \(PA\) 22-118](#).
- Held first-ever Healthcare Cost Growth Benchmark public hearing on June 28, 2023, which included attendees from the pharmaceutical, hospital and insurance industries.
- Conducted 17 hearings and made 21 rulings on Certificate of Need (CON) applications.
- Awarded 10 outreach grants to community organizations for targeted enrollment for [Covered CT program](#), which offers no-cost health insurance for those who qualify. Sixty-six (66) individuals have been enrolled in the Covered CT program as of July 20, 2023.
- Continued Centers for Disease Control Disparity Grant contracts with 7 community-based organizations focused on vaccine outreach and social determinants of health screenings/referrals.
- Approved updates to the APCD data submission guide to enable dental and denied claims, and improved race/ethnicity and language data collection through the All-Payer Claims Data (APCD) Advisory Group.
- Established and ratified charters for OHS' committees e.g., APCD advisory and data release committees to standardize operations; and,
- Performed or contracted with others to perform 24 data analyses utilizing APCD data to support Certificate of Need decision making, Healthcare Benchmark Initiative implementation, healthcare price transparency and containment policy and legislative activities.
- Worked with the Governor's office and legislature to pass legislative initiatives:
 - To extend facility fee prohibition to certain services on hospital campuses, enhance facility fee reporting, and provide OHS enforcement of facility fee violations;
 - To improve reporting of outpatient prescription drugs that are a substantial cost to the state;
 - To increase OHS' enforcement authority for the CON program, improve access to technical expertise access, to promote public notice of CON proceedings, to eliminate

certain medical imaging equipment from CON review, and increased efficiency of the CON program;

- To increase healthcare competition and transparency by preventing anti-tiering, anti-steering and gag clauses in contracts among health care carriers, providers, and plan administrators and entities;
- To conduct a study with the CT Insurance Department (CID) on pharmacy benefit manager (PBM) prescription drug distribution price activities and to determine how to reduce cost for consumers and regulate PBMs in CT.

Codification of the Healthcare Benchmarks Initiative by [Public Act 22-118 § 217-223](#)

- To slow the growth rate of per capita healthcare spending while improving health outcomes for all CT residents, Governor Lamont signed [Executive Order No. 5](#) in January 2020 requiring the Office of Health Strategy to develop annual healthcare cost growth benchmarks, quality benchmarks, and primary care spending targets.
- To make the cost growth benchmark permanent, the Governor signed Public Act 22-118, which codified his 2020 Executive Order and statutorily tasked OHS with setting an annual health care cost growth benchmark and primary care spending targets; developing and adopting health care quality benchmarks; developing strategies, in consultation with stakeholders, to meet these benchmarks and targets; enhancing the transparency of provider entities; and monitoring the development of accountable care organizations and patient-centered medical homes and adoption of alternative payment methodologies in Connecticut.
- To support these new responsibilities, payers (commercial insurance companies) submitted their 2020 and 2021 data to OHS. The data was validated and analyzed by OHS, who released its first [Cost Growth Benchmark report](#) in March 2023. This report identified entities that have not met the benchmarks and/or primary care spending/targets; and those entities were asked to attend the public hearing. OHS held its first [public hearing](#) on June 28, 2023 and asked three payers, two hospitals and two pharmaceutical manufacturers to testify. After the public hearing, OHS will then report to the Public Health and Insurance and Real Estate committees in October of 2023 on the informational hearing, health care trends, findings from the posted public report, results of an unintended adverse consequences plan, and recommendations.

Universal Nurse Home Visiting/Community Health Worker Initiative

OHS has been collaborating with OEC, and with assistance from DSS, DCF, and DPH on the development and implementation of the Family Bridge program. The Family Bridge is a pilot that offers Universal Nurse Home Visiting and Community Health workers to new moms and babies born at either Bridgeport Hospital or St. Vincent's hospitals who reside in the surrounding towns. There are no eligibility requirements to participate. The goals of the Family Bridge include:

- improve the physical and mental health outcomes of families and infants
- offer prevention-oriented public health resources,
- prevent and address health disparities by race,
- support families who have been impacted by Covid-19, and
- mitigate stressors impacting families.

Covered Connecticut Program

- The CoveredCT program, administered by the Department of Social Services ([Sections 15 through 19, inclusive, of Public Act 21-2](#)) offers no-cost health insurance, dental insurance and non-emergency medical transportation to all Connecticut residents between the ages of 18-64 that qualify. Connecticut residents can apply and enroll if eligible, at any time during the year, there does not have to be a qualifying life event to enroll.
- For purposes of reducing the state’s uninsured rates, OHS provides outreach and engagement support and has awarded 10 outreach grants to community organizations for targeted enrollment for [Covered CT program](#), which offers no-cost health insurance for those who qualify.
 - Sixty-six (66) individuals have been enrolled in the Covered CT program as of July 20, 2023

OHS Three-Year Strategic Plan: “Developing a Healthcare Vision for Connecticut, 2020-2023”

Based on extensive feedback from staff members, state officials and community partners, OHS developed a [strategic plan](#) that includes four broad goals:

1. Improve care and contain costs by using data-driven strategies.
2. Increase access to primary and preventive care to make people healthier.
3. Reduce health disparities by socio-economic factors that intersect in people’s lives including race, sex, sexual orientation, gender identity, and income.
4. Ensure that healthcare facilities are financially stable and viable to meet the medical needs of consumers in all geographic areas.

Outpatient Prescription Drug Cost Transparency

As required by Conn. Gen. Stat. [§ 19a-754b](#), prescription drug sponsors continue to utilize the user-friendly prescription drug reporting web portal to report certain information on new, pipeline and existing outpatient drug information to improve pricing transparency. Sponsors of new and pipeline drugs (medications in development) approved by the Federal Drug Administration since November 2019, have reported required information on over 100 drugs

through the portal. Additionally, OHS determined in 2023 that there were no “[Top Ten](#)” outpatient drugs, which are critical to public health and provided at substantial cost to the state, that had significant price increases in the last three years.

Framework for a CT Healthcare Affordability Index

In collaboration with the Office of State Comptroller (OCS) and researchers from the Center for Women’s Welfare at the University of Washington School of Social Work and the University of Connecticut Analytics and Information Management Solutions, OHS developed the [CT HealthCare Affordability Interactive Tool](#) which measures the impact of healthcare costs, including premiums and out-of-pocket expenses, on a household’s ability to afford all basic needs, like housing, transportation, childcare, and groceries. The purpose of the new tool is to help policy leaders and decision-makers evaluate existing and proposed healthcare models to determine if they will make healthcare affordable to Connecticut households. During this fiscal year, OHS and OSC updated the published [Economic Self-Sufficiency Standard](#).

Unit Overview

Health Information Technology

The Health Information Technology (HIT) unit is responsible for administration of the state’s All Payer Claims Database (APCD), the oversight and successful progression of the official statewide Health Information Exchange (HIE—also known as Connie), development, implementation of the Statewide Five-Year Health Information Technology Plan, development of statewide health information technology standards, collection of statutorily mandated limited patient data pertaining to inpatient/outpatient surgeries and ED visits, and overseeing the consumer health information website ([HealthscoreCT](#)). Health Data and Analysis, a section within HIT, is responsible for the collection, dissemination, and analysis of the most up-to-date information about health and health care to deliver better health outcomes and cost containment in Connecticut. HIT also undertakes stakeholder engagement through a variety of forums including the Health Information Technology Advisory Council (HITAC), the APCD Advisory Group and the APCD Data Release Committee.

Highlights of the HIT unit include:

Five-Year State Health IT Plan

Conn. Gen. Stat. [§ 17b-59a](#) required OHS to develop a Statewide Health Information Technology Plan (Health IT Plan) that establishes electronic standards for security, privacy, data content, structures and format, limits use of social security numbers, establishes HIPAA requirements as a baseline, requires audit trails for uses of personally identifiable information,

aligns to national standards, permits health information interoperability and is compatible with electronic health systems. OHS engaged a broad range of stakeholders including patients, patient advocates, providers, payers (insurers), state agencies and local public health departments to identify and prioritize focus areas for inclusion in the Health IT Plan. In 2022, OHS submitted Connecticut's first-ever plan, which identified six key focus areas for implementation over five years (2022-2026).

OHS has initiated the following activities:

- Supporting Behavioral Health Providers with the adoption of Electronic Health Record and HIE services.
- Sustaining and increasing the use of Statewide HIE services.
- Improving service coordination and data sharing across state Health and Human Services agencies.

After the development and execution of initial activities, in early 2023, OHS with HITAC advisement, added additional activities to initiate, towards achieving the goals of the Health IT Plan. The activities are as follows:

- Explore support for community-based organizations and social service agencies to adopt IT systems that help track and coordinate care, and to support staffing, training, and ongoing technical assistance.
- Develop recommendations for consent management protocols.
- Establish HITAC Standards Advisory Committee with initial focus on implementing Race Ethnicity and Language standards across the state.
- Integration of CT-Wiz and Connie

OHS also continues working with relevant agencies and DAS/BEST to establish a set of standards that meets the objectives of the statute and may form the basis for the subsequent gap analysis, action plans and policy development necessary to help agencies conform with the standards.

All-Payer Claims Database

- The APCD transferred from Access Health CT to OHS during July 2019. Since then, OHS has been collaborating with the APCD Advisory Group, APCD Data Privacy Committee and APCD Data Release Committee, to revise data privacy policies and streamline data release procedures. The APCD Advisory Group approved the updated Data Submission Guide to enable collection of dental claims and of fully denied claims in alignment with industry and national standards; and the collection of race, ethnicity and primary language (REL) data as required by Conn. Gen. Stat. § 19a-754d. As of 6/30/23, the Data Submission Guide is undergoing a 30-day public comment review process, as required by the APCD policies and procedures, prior to implementation. In FY23, the Data Release Committee (DRC) received and approved two data release applications, and five application inquiries. OHS continues to

expand its internal use of the over one billion claims records in the APCD from 2012 to date, for policy development, to meet legislative requirements, to support Certificate of Need decision-making and research, and for projects described elsewhere in this digest.

<https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group>

- OHS released APCD extracts and aggregations to support and inform:
 - Certificate of Need decision making,
 - OHS facility fee legislation passed under Public Act 23-171 §9,
 - The Office of Fiscal Analysis research for fertility treatment and reproductive legislation,
 - calculations from The Department of Social Services to provide federal funding for Connie
 - transparency in prescription drug costs pursuant to Conn. Gen. Stat. § 19a-754b, *An Act Concerning Prescription Drug Costs*;
 - the Governor's Executive Order No. 5, codified in Conn. Gen. Stat. §§ 19a-754f-k
 - create and measuring state, market, and provider performance against healthcare cost growth and quality benchmarks and primary care spending targets;
 - Certificate of Need program decisions;
 - the Rand 5.0 study for hospital price transparency to compare commercial with Medicare hospital prices and trends in individual states, and the nation;
 - three ad hoc analyses including a creating a price comparison for hospital inpatient and outpatient for commercial and state employees plans,
 - a telehealth study required by Conn. Gen. Stat. § 19a-754b;
 - a study the impact of hospital mergers and consolidations required by Public Act 22-118 § 124 and Conn. Gen. Stat. § 19a-634,
 - a Cost and Market Impact Review study of a pending hospital merger as required by Conn. Gen. Stat. § 19a-639f,
 - a subpoena regarding two hospital litigants
 - research approved by the DRC to receive the data for various studies

- OHS continues to maintain [HealthscoreCT](#), a website designed to provide CT residents with information about the quality, costs, and affordability of healthcare services and coverage using APCD. Also, soon to be available on HealthscoreCT, is a healthcare cost estimator which enables CT residents to comparison shop for some of the most common inpatient and outpatient healthcare services and procedures and durable medical equipment; and a quarterly updated dashboard of a snapshot of the data available in the APCD which offers a quick and easy way to explore how healthcare is being delivered and consumed in CT. OHS engaged the services of Mathematica to develop the cost estimator and OnPoint, the data management vendor to develop the APCD snapshot.

- OHS engaged Mathematica to develop and maintain an Azure cloud enhanced APCD data analytics and visualization capabilities to support OHS data use strategy, provide increased

access to de-identified claims, and patient data for public use and to support OHS' mission to improve access to quality health care and contain costs.

State-wide Health Information Exchange

OHS is the designated state agency with administrative oversight for the State-wide Health Information Exchange (HIE), per Conn. Gen. Stat. [§ 17b-59d](#). OHS established and launched a “neutral and trusted” non-profit, nongovernmental entity, Health Information Alliance, Inc. operating under the brand name “Connie” to manage the technical development, implementation, and operations of the State-wide HIE. Connie has been operating since May 2021. OHS continues engaging with Connie in developing and implementing expanded use-cases for health data sharing to fulfill statutory program goals, as Connie continues expanding the interoperable health data exchange network offering a patient-centric, collaborative care model across the state's health care providers.

Cost Estimator Tool

The HIT team, in collaboration with a data analytics vendor, has developed an updated consumer facing, interactive cost estimator tool based on APCD data, undergoing testing and slated for release later in the year. [The Cost Estimator](#) will provide CT residents with an important consumer tool that analyzes data on common inpatient and outpatient services and procedures, and useful information about the typical costs of specific medical services and procedures throughout the state.

Race, Ethnicity and Language Data Standard and Implementation

As mandated by Conn. Gen. Stat. § 19a-754d, through Public Act No. 21-35, OHS continues to maintain the Race, Ethnicity and Language (REL) Data Collection Standards and Implementation Guide 2.0. OHS is also convening or participating in meetings with state agencies and healthcare providers to facilitate compliance. Stakeholders from the convenings are assisting with updating the Standards and Guide. OHS is also working with Connie with implementation and inclusion of insurance and disability status collection. OHS utilizing \$1.05 million in ARPA funding upgraded four OHS systems (APCD, Inpatient, Outpatient Surgical, and Emergency Room Patient Databases), and a select Department of Social Services (DSS) systems. OHS is collaborating with DSS on the implementation.

Health Systems Planning

The major functions of the Health Systems Planning (HSP) Unit include the administration of the Certificate of Need (CON) program; preparation of the Statewide Health Care Facilities and Services Plan; health care data collection, analysis, and reporting; and hospital financial review and reporting. The HSP Unit was successful in reducing the backlog of pending CON hearings and decisions and expects to be able to fully comply with statutory deadlines moving forward. In addition to reducing the backlog, this year our focus and attention has been on developing and implementing new policies and procedures designed to ensure that any changes in staffing do not result in a new backlog and readjusting our processes post-pandemic including the

implementation of hybrid hearings. OHS continued to emphasize the use of a newer agreed settlement format to reach resolution on matters more quickly and maintain a low volume of outstanding matters. OHS also plans to recruit a new staff attorney to increase compliance with conditions set forth in existing agreed settlements. Lastly, OHS has been working towards the development of a new, full version of the Statewide Health Care Facilities and Services Plan, which is expected to be published in June 2024.

Certificate of Need

- The CON Unit received 17 applications.
- The CON Unit also completed 62 determinations, 4 modifications, negotiated 17 Agreed Settlements and held 17 public hearings.
- With a renewed focus on compliance, OHS imposed civil penalties on three (3) entities for the first time in a decade. Two were ultimately waived because OHS was unable to establish that the entities “willfully failed” to comply with the CON statutes, while the outcome of the third remains pending.
- OHS worked with the Legislature to pass legislation that: (1) enhances OHS’ enforcement authority over the CON program; (2) promotes public notice of CON proceedings; (3) improves OHS’ access to technical expertise; (4) clarifies applicability of CON to scanning equipment; and (5) increases efficiency of CON review.
- OHS received funding for four staff positions (two analysts, one paralegal and one staff attorney), which will improve the CON unit's ability to comprehensively review and evaluate determinations and applications in a timely manner.
- The CON Unit continues to see turnover in staffing with two recent departures and one internal promotion. In an effort to bring new and prospective hires up to speed quickly, the unit has developed and is implementing a weekly, in-person training program.
- A Training Program was developed that will be implemented in the coming year that will be comprehensive and will entail training recordings, and documentation for future use, by existing and new staff. The training is held together with the CON and Legal staff providing for standardization of information and providing opportunities for discussion and input with Executive Leadership. This Training Program will also eventually offer opportunity for OHS to work with and provide opportunity for the industry to have access to webinars and meetings with OHS staff.

Workgroup Convening

HSP convened a Physician Group Practice Workgroup (“the Workgroup”) to study methods to determine the best approach to oversee the acquisition and transfer of ownership of physician group practices. This work ensures that CT residents have access to physicians in a manner that assures access, avoids increased costs, fosters choice, and assures quality of care. The Workgroup began meeting monthly in late 2021 and studied methods to improve health care quality and choice in Connecticut while ensuring the viability of physician group practices. The workgroup developed recommendations to improve reporting and oversight of

physician practice mergers and acquisitions, including possible changes to CT's general statutes. OHS published two reports, the "Physician Group Practice Workgroup January [2023](#)" and "OHS Physician Practice Workgroup Report February [2023](#)".

Hospital Financial Review and Reporting

HSP published the [Annual Report on the Financial Status of Connecticut's Short-Term Acute Care Hospitals for FY 2021](#) in September 2022. This report highlights Connecticut's statewide hospital trends and includes individual hospital profiles of financial performance. It is intended to provide information that will enhance knowledge of the financial status of Connecticut's hospitals. The report is published annually each fall for the prior fiscal year.

To inform policy and consumers about Connecticut healthcare trends, OHS published the following dashboards:

- Data Compendium - <https://portal.ct.gov/OHS/Pages/Data-Compendium>
- Emergency Department Use Dashboard-https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Publications/CT-Emergency-Dept-visits-2016-2021-Dashboard_Nov-2022.xlsx
- Facility Fees at Hospitals' and Health Systems off main campus outpatient facilities trends report - <https://portal.ct.gov/OHS/Services/Health-Systems-Planning/Facility-Fees>

Healthcare Innovation

The Healthcare Innovation Unit focuses on improving population and community health by addressing social determinants of health and health inequities, enhancing healthcare quality and outcomes for residents, increasing access to primary care, and controlling healthcare cost growth. The unit supports several stakeholder engagement efforts in developing policy, strategy, and innovation in the healthcare landscape.

Highlights of Healthcare Innovation Unit

- Held reoccurring meetings of the Healthcare Benchmark Initiative Steering Committee, Healthcare Benchmark Initiative Data Analytics Workgroup, and Quality Council to provide guidance, input, and feedback on relevant aspects of the Healthcare Benchmark Initiative.
- OHS's data analytic vendor, Mathematica, has established a Microsoft Azure Cloud APCD database and developed a dashboard for OHS staff to analyze and report on specific cost drivers and trends. The vendor will also provide extensive knowledge transfer of all tools, code, and analysis to OHS staff before the end of the vendor's contract.

- Received two federal grants valued at ~\$3.9 million supporting the Health Enhancement Communities initiative, received a technical assistance grant from the CDC Foundation for the Strategies to Repair Equity and Transform Community Health (STRETCH) initiative, and explored options for funding health equity in Connecticut.
- Received a 12-month no cost extension from the Office of Minority Health to continue *Reducing Disparities in Maternal and Nutrition-Related Outcomes in Connecticut* grant project working with the Greater Middletown Health Enhancement Community, and the Eastern Connecticut Health Collaborative Health Enhancement Community.
- OHS' community benefit team created the Annual Status Report for hospitals to use as part of their community benefit program reporting to the State, in compliance with CGS § 19a-127k. CGS § 19a-127k went into effect January 1, 2023, and requires additional hospital reporting, increased public transparency, and meaningful community engagement. OHS will collect hospitals' community benefit reporting and develop a summary and analysis report by April 2024, solicit a public comment period, publish hospitals' submissions on OHS' website for the public, and make available to hospitals the All-Payer Claims Database solely for their community benefit programs.
- As one of five states in the Peterson-Milbank Program for Sustainable Health Care Costs, received funds for technical assistance to implement a health care cost growth benchmark; participated in the Peterson-Milbank in-person conference with other states in the program to foster cross-state collaboration; regularly participated in calls with other states to address common goals and challenges.
- OHS' Quality Council updated the core measure set to continue to support alignment of clinical quality, patient safety, consumer experience, and over- and under-utilization measures used by insurers and advanced networks.
- OHS co-hosted two hybrid informational sessions on "Connecticut and U.S. Healthcare Cost Drivers and Solutions" with the Department of Insurance, Office of the Healthcare Advocate and the Office of the Attorney General. Participants included state and national experts, industry representatives and legislators. Session one was to identify high healthcare cost drivers. The second session was dedicated to identifying solutions and policies to improve healthcare affordability in the state.

Consumer and Community Engagement

The Office of Health Strategy has embedded community engagement in all its operations to inform, engage, educate, and obtain feedback across all OHS divisions and units.

Highlights of Consumer and Community Engagement Unit

- Conducted six (6) Listening Sessions with consumers throughout the state on the Primary Care Roadmap.

- Conducted a survey on Yale New Haven Health Services Corporation proposed acquisition of Prospect CT, Inc., which owns Waterbury Hospital, Manchester Memorial Hospital, and Rockville General Hospital would affect the communities' healthcare.
- Continued solicitation for consumer representatives on various OHS committees.
- Held a Community Health Worker (CHW) Forum in collaboration with Health Equity Solutions, Community Health Worker Association of CT, CT Health Foundation, to hear from key experts about CHWs, their role in addressing health inequities, and opportunities for sustainable funding.
- OHS is spearheading the Community Health Worker component of the program. OHS developed and released an RFP for an evaluation contractor and will be procuring a contractor to assist with a sustainability plan for Medicaid and commercial coverage to spread the program statewide. OHS will contract with an evaluation contractor and sustainability contractor in the next fiscal year.

Stakeholder and Community Groups Convened by OHS

- Health Care Cabinet (HCC) which was established in 2011 to advise the Governor on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.
- All-Payers Claims Database Advisory Group (APCD-AG) established in 2011 to provide input regarding the implementation of a state-wide multi-payer data initiative to enhance the state's use of health care data from multiple sources to increase efficiency, enhance outcomes and improve the understanding of health care expenditures in the public and private sectors.
- Health Information Technology Advisory Council (HITAC) which was established in 2015 to advise the executive director of the Office of Health Strategy and the Health Information Technology Officer (HITO) in developing priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts and goals and to advise in the development and implementation of the state-wide health information technology plan and the state-wide Health Information Exchange. The HITAC also advises the executive director and officer regarding the development of appropriate governance, oversight and accountability measures to ensure success in achieving the state's health information technology and exchange goals.
- Community Health Worker Advisory Body (CHWAB) was established in 2018 to advise the Department of Public Health on matters relating to the educational and certification

requirements for training programs for Community Health Workers, including the minimum number of hours and internship requirements for certification of Community Health Workers, to conduct a continuous review of such educational and certification programs and to provide the department with a list of approved educational and certification programs for community health workers. The Body has approved a CHW Core Curriculum, a CHWAB Review Committee and online application portal for CHW training organization to submit curriculum for review and approval, four CHW Training Vendors have been approved, established an apprenticeship workgroup to determine how to get more employers and organizations interested in hiring CHWs, approved the recommendations for CHW Instructor Training Requirements, and established a workgroup to revise the CHW Training Vendor application to make it more user friendly.

- OHS also provides a content-rich website for the residents of Connecticut. The site is a gateway to the operation of our agency and the varied units, as well as providing information on our public meetings and outreach activities, CON filings, Requests For Proposals and contracts, news and social media, reports and publications, and access to healthcare data.

Main program pages on site include:

- Health Information Technology: <https://portal.ct.gov/OHS/Services/HIT-Health-Innovation-Consumer-Engagement/Health-Information-Technology>
- Health Care Cabinet: <https://portal.ct.gov/OHS/Content/Healthcare-Cabinet>
- Health Systems Planning: <https://portal.ct.gov/OHS/Services/Health-Systems-Planning>
- Healthcare Affordability Index: <https://portal.ct.gov/OHS/Pages/Healthcare-Affordability-Standard>
- Healthcare Cost Growth and Quality Benchmarks and Primary Care Target: <https://portal.ct.gov/OHS/Services/Cost-Growth-Quality-Benchmarks-Primary-Care-Target>
- Data and Reports: <https://portal.ct.gov/OHS/Services/Data-and-Reports?showall=true>
- News and Press Releases: <https://portal.ct.gov/OHS/Press-Room>
- Open Solicitations/Request for Proposals: <https://portal.ct.gov/OHS/Services/Data-and-Reports/To-Access-Data/Contracts-and-RFPs>
- CON Guidebook: <https://portal.ct.gov/-/media/OHS/CONfolder/CON-Guidebook-2020.pdf>
- CON Portal: <https://portal.ct.gov/OHS/Pages/Certificate-of-Need/CON-Portal>
- A You Tube Channel is available to view OHS CON Public Hearing recordings and other OHS Interviews and events in an accessible connection via: https://www.youtube.com/channel/UCwZo-zOORky_4ZvIQBKTMHg/videos

Information Reported as Required by State Statute

OHS is required by state statute to report the following:

- Healthcare Coverage Feasibility Study <https://portal.ct.gov/-/media/OHS/OHS-Health-Care-Coverage-Feasibility-Study-07-01-2022.pdf>
- Five-Year Statewide Health Information Technology Plan <https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Publications/Connecticut-Statewide-Health-IT-Plan-amended.pdf>
- Health Information Technology and Health Information Exchange Annual Report. <https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Publications/HIT-2023-Annual-Report.pdf>
- Facility Fee notices from hospital systems.
- Actual Facility Fees charged or billed by hospital systems. <https://ohsnotificationandfilings.ct.gov/Home/Index>
- Report to the Governor and Legislature, of a biennial study on state-wide health care facility utilization. <https://portal.ct.gov/OHS/Press-Room/Press-Releases/2019-Press-Releases/Facilities-and-Services-Plan>
- Report to the Legislature on the financial stability of Connecticut's hospitals by September 1st of each year. <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Hospital-Reporting-System> and <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Select-Data-Items-from-Hospital-Filings>
- Consumer website-health information including quality, price and cost of health care services and a cost estimator tool that reports on billed and allowed amounts paid to health care providers according to insurance plans, and out of pocket costs for certain services and procedures. <https://healthscorect.com/>
- Community health workers and recommendations for certification of these workers, report to the Legislature. <https://portal.ct.gov/OHS/SIM-Work-Groups/CHW-Advisory-Committee> and new Community Health Worker Advisory Body <https://portal.ct.gov/OHS/Pages/Community-Health-Worker-Advisory-Body>
- Prescription Drug Reporting and Transparency: <https://portal.ct.gov/OHS/Pages/Prescription-Drug-Reporting-System>