Rep. Nuccio Requests for Information for the Subcommittee Work Sessions

Headcount questions:

1. What is the authorized headcount, the funded headcount and the filled headcount for your area? **The authorized headcount is 44, the funded headcount is 44 and the filled headcount is 41.**
2. If there is change in headcount (either up or down) please provide an explanation of the change.
    a. If there is a positive change in headcount, please explain why these positions are needed. **One new position is needed to support the Certificate of Need (CON) program in monitoring compliance, five new positions are needed to support the Governor's health care affordability proposal capping out-of-network costs, three new positions are needed to support implementation of the recommendations within the 5-year Statewide Health IT plan and to support the HIE utilization and sustainability, and two new positions are needed to allow OHS to expand its capabilities in research design, statistical analysis, database management, and health, social and economic trends research.**
    b. If these adds are legislatively driven, what piece of legislation is driving the increase? **The five new positions are needed to support the Governor's health care affordability proposal capping out-of-network costs in SB 983.**
3. Are there any vacant positions in your headcount? **The authorized headcount is 44, and the filled headcount is 41, leaving a remainder of 3.**
    a. If yes, how are they budgeted into your plan? (as a full year FTE or partial? **The vacant positions are budgeted as a full year FTE.** (Are they fulltime or part time?) **All of the vacant positions are full-time.**
    b. What is the anticipated start date of your vacancies? Are they staggered throughout the year, or all anticipated to start on July 1? **OHS anticipates a staggered start date. We cannot say specifically when these positions will be filled due to the many factors that must be considered with estimating these start times.**

4. How many vacancies did you have at year end on 06/30? **There were six vacancies at OHS. Five positions were from the General Fund. One position was from the Insurance Fund.**
    a. How many vacancies did you have throughout the year last fiscal year? **10**
    b. How many new hires did you have in the same time period? **10**
5. What is the average cost of an FTE for your area? **$97,143.00**
6. What is the average fringe cost of an FTE in the comptrollers area? **97.46%**

Lapse Questions:

1. Were there any lapsing accounts on 06/30?
    a. If yes, what were the accounts?

Accounts	**Lapse Amount**	**Continued**
10010 PERSONAL SERVICES	$517,703.00	
10020 OTHER EXPENSES	$2,271,212.00	$1,746,799.00
16268 CT VIRTUOSI ORCHESTRA	(11,122.00)	
10050 EQUIPMENT	$2,769.00	
16268 COVERED CT PROGRAM		$7,205,376.00
12244 FRINGE BENEFITS	$61,654.00	
Subtotal	**$2,842,216.00**	**$8,952,175.00**

    b. If yes, what was the lapse balance? **$2,842,216.00**

    c. If yes, what drove the lapse? **In FY 2022 there were delays in hiring staff at OHS and lower caseloads for the Covered CT program.** What spending didn't occur that was planned to occur? **The Covered CT program.**
2. If there is a lapsing balance, do you anticipate it carrying forward?
    a. If yes, how do you propose to use that lapse? **The lapse balance will be used for payment of invoices.**
    b. Will it be for one-time expenses?
        i. If so, what are those one-time expenses? **Payment of Covered CT invoices.**
    c. If ongoing expense is that expense built into this budget in FY 25?

<u>ARPA</u>

1. Did you receive any ARPA funding in your department?
    a. If yes, have you assumed the programs/staffing established with the ARPA funding is now in your General Fund budget as an ongoing expense?
        i. If not all, how much? All the funding was to support one time studies
    b. Are there still ARPA funds included in this budget?
        i. If yes, how much of this budget is continuation of ARPA funding?
        ii. How much ARPA do you still have in the budget that may need to be picked up as ongoing expenses in out years? **This is a policy decision to be addressed by the Governor and Legislature as part of a future budget.**

<u>General Questions:</u>

1. Is there anything you would change about this budget? **OHS supports the Governor's budget.**
2. Is there anything you would add to this budget? **OHS supports the Governor's budget.**
3. Is there anything you would remove from this budget? **OHS supports the Governor's budget.**
4. Is there any legislation that was passed you feel you are not adequately prepared to enforce? **No.**
    a. If so, what would we need to change to make it administer-able?

Office of Fiscal Analysis Questions

1. *Provide a list of databases/types of data OHS collects and explain any overlap with ChimeData*

CGS 19a- 755a authorizes OHS to collect:

1. All Payer Claims Data from commercial insurers (except self-insured ERISA plans unless they voluntarily choose to submit data such as State employee plan), Medicaid and Medicare

CGS 19a-654 authorizes OHS to collect:

1. Hospital inpatient
2. Hospital emergency department
3. Hospital outpatient department outpatient surgery
4. Free standing ambulatory centers outpatient surgery data

CHIME: As was clarified during the Appropriations hearing, CHIME is a system operated by CHA to consolidate collect hospital data and although most hospitals opt to utilize CT Hospital Association's CHIME to report the data to OHS, Sharon Hospital is not a member of CHA reports so it reports data directly to OHS. CHA does not receive outpatient data surgery data from the freestanding ambulatory centers.

2. *Provide a list of recognized disparities affecting healthcare in CT*

Health Disparity Data

Quality Benchmarks

Collection begins in January 2024, and there is one measure focused on disparities - a ratio of statewide obesity rates for the Black non-Hispanic population and the White non-Hispanic population. OHS will report out on this information by March 31, 2026 (1 year of data 1/24-12/24). A guiding principle for the quality benchmarks is "Represents an opportunity to promote health equity, evaluated by performing an assessment of data and literature to identify disparities by race, ethnicity, language, disability status, and other important demographic and cultural characteristics."

CT Aligned Measure Set

The Aligned Measure Set is composed of 28 measures from which OHS requests insurers select measures for use in value-based contracts. Notably, these measures are not collected by OHS. The Aligned Measure Set contains Core Measures and Menu Measures. Core Measures are those that OHS respectfully requests insurers use in all value-based Advanced Network contracts. OHS has designated additional measures as Menu Measures. These measures are for optional use in value-based contracts. OHS also respectfully requests that insurers limit the quality measures they use in value-based Advanced Network contracts to only those found in the Core and Menu Sets. Specific health disparity measure sets include:

- Core Measure Set: Health Equity Measure (page 105)
- Menu Measure Set: Social Determinants of Health Screening (page 175)

Cost Growth Benchmark

As part of the Cost Growth Benchmark (CGB), OHS crafted an Unintended Consequences Plan. This plan will look at whether the CGB has an intended impact on marginalized populations, and will be reported out on for the first time by October, 2023.

Office of Minority Health (OMH) Grant

While program specific, DataHaven created a Health Disparities Profile for Middlesex and New London Counties. The programs collected data on maternal health and/or nutrition from both Cross Street (Ministerial Health Fellowship), the Mashantucket-Pequot Tribal Nation, and Madonna Place. This data has not been finalized, but is going to compare an adjusted intervention against the Profile to see if there was an improvement with the interventions.

Racial Equity and Health Data Disparities Dashboard

OHS received ARPA funds for the creation of a Racial Equity and Health Data Disparities Dashboard as part of the Race, Ethnicity, and Language (REL) data collection work. The dashboard is currently in the early stages as OHS ensures that REL data is uniformly collected across the state both by agencies and provider entities. The dashboard is envisioned to aggregate data that may be utilized to effectively identify and document inequities and the factors driving them.

All-Payers Claims Database

An equity lens was recently added for data releases of the All-Payers Claimed Database (APCD). This requires requestors to include a statement around potential equity impact of the release of data.

Community Benefit Reporting

Pursuant to Connecticut Public Act §22-58 §50, OHS will receive from hospitals their Community Health Needs Assessments, Implementation Strategies, and Annual Reports. The Community Health Needs Assessments will give insight into the needs identified by hospitals and their partners across the state, and will provide OHS with more insight into the needs and disparities occurring in Connecticut communities. Moreover, the Annual Reports will give yearly insights into how needs are changing or not changing, as well as what hospitals are continuing to work on.

DataHaven Health Equity Report

DataHaven released in 2020 the "Towards Health Equity in Connecticut" report that summarizes five broad social determinants of health and how various groups are affected. Moreover, it included how the COVID-19 pandemic put a spot light on how social needs influence health. In 2021 a series of reports known collectively as the "Connecticut Town Equity Reports" were released. The reports disaggregate data from various sources including the 2020 US Census and American Community Survey. Data includes demographics, housing, education, economy, income and wealth, health, civic life and community cohesion, and environment and sustainability, broken out often by race. In 2022, the most recent "DataHaven Community Wellbeing Survey" was released and focuses on items like food insecurity by race.

3. *Provide a breakout of how new positions will be used and whether any will be used for CON review.*

Paralegal Specialist: **This new position is to support the Certificate of Need (CON) program in monitoring compliance.** The paralegal specialist will institute a trackable system to ensure compliance of entities that come before OHS seeking a CON. The additional capacity and recent CON staff additions will support the Governor's proposal to strengthen CON enforcement and compliance related conditions of approval like cost controls, patient access and detailed reporting.

Three (3) new positions: These new positions are to support implementation of the recommendations withing the 5-year Statewide Health IT plan and to support the HIE utilization and sustainability. This will

include evaluating and executing on Connie's optimization to be a public health data exchange and seek ways to use Connie's services to improve data availability and reporting to state-operated data systems, positioning the entity to deliver on its proposition.

Two (2) new positions: These new positions are to enhance agency data analytic capacity and related funding. These additional positions will allow OHS to expand its capabilities in research design, statistical analysis, database management, and health, social and economic trends research. The positions will help with analyzing and providing business intelligence from health care claims covered by commercial and public insurance plans, to assist with utilizing more effectively the one billion and growing records in the CT All Payer Claims Database to support OHS policy activities.

Five (5) new positions: These 5 new positions will support the Governor's health care affordability proposal capping out-of-network costs. These positions will comprise a new unit headed by a project manager, include analytic, legal, and actuarial support, and fulfill the following duties:

- Compile and analyze hospital data to calculate the costs of in-network and out-of-network hospital services.
- Monitor compliance with new out-of-network limits.
- Provide expertise on confidentiality and FOI rules contained in the statutory requirements on the submitted data.
- Track and analyze trends in provider in-network and out-of-network costs, patient access to providers, hospital compliance with the new statutory requirements, and relationship to cost growth benchmark initiative.
- Conduct audits of health care facilities for compliance with new requirements.
- Develop and author an annual report with recommendations for further actions to make health care more affordable and accessible to residents of the state; and
- Identify possible violations of the new out-of-network limits, hold administrative hearings, and issue civil penalties and/or cease and desist orders, as warranted.