

- 1) Can OHS bring proposals/ideas to the work session regarding how to transition insurance fund expenditures back to the general fund? Particularly the Senior Director and Deputy Commissioner positions
 - We support the Governor’s budget as proposed. Any shifts in positions or other expenditures would be subject to negotiations and compliance with the spending cap and balance calculations.
- 2) Can OHS provide a full breakdown of Insurance Fund expenditures vs revenues?

The revenues are what is appropriated from the legislature less the reimbursements for the HIE from the federal government (\$1.15M) per [C.G.S. 38a-47\(2\)](#).

FY 25 Insurance Fund Appropriated Expenditures	
Description	Budget
Personal Services	1,982,363
Other Expenses	9,829,264
Equipment	10,000.00
Fringe Benefits	1,939,640.00
Total	13,761,267

- 3) Can OHS provide an organizational chart at the work session?
 - Yes, see attached.
- 4) How much does OHS spend on outside consulting, and to whom do those expenses go?
 - See FY 25 IF OE Contracts document
- 5) Can OHS provide a position by position breakdown of the new positions provided in the governor’s bills?

Duties of Out of Networking Capping Unit:

- Compiling and analyzing hospital data to calculate the costs of in-network and out-of-network hospital services (Economist)
- Monitor compliance with new out-of-network limits (Staff Attorney 2)
- Provide expertise on confidentiality and FOI rules contained in the statutory requirements on the submitted data (Staff Attorney 2)
- 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 (Insurance Actuary)
- Conduct audits of health care facilities for compliance of requirements of the act (Insurance Actuary)

- Develop and author annual report with recommendations for further actions to make health care more affordable and accessible to residents of the state (Policy Development Coordinator)
- Draft regulations if needed to implement the new law (Policy Development Coordinator and Staff Attorney 2)
- Notice violations of the new out-of-network limits, hold hearings, and issue civil penalties/cease and desist orders (Staff Attorney 2)

Positions needed:

- Policy Development Coordinator (1):
 - Researches, reviews and evaluates cost effectiveness and fiscal implications of established or proposed policies and/or programs;
 - Assesses options and develops strategic plans to implement policy decisions;
 - Coordinates development of policies for the state, towns or municipalities;
 - Develops required recommendations for legislative or administrative actions in order to institute required policies;
 - Conducts cost benefit analysis for impact on new initiatives for municipal operations and proposes recommendations for state position;
 - Represents Commissioner on various boards or commissions;
 - Participates in the recruitment and hiring of staff, including outreach, interview and selection;
 - Performs related duties as required.

Economist (1)

- Conducts economic studies including research and to develop data related to programs or services of the agency assigned and formulates recommendations concerning these studies

Insurance Actuary (2)

- Conducts analytical studies of insurance and health care center rate filings, rating plans and various special programs (such as experience rating, retrospective rating, and participating programs)

Staff Attorney 3 (1) independently performs a full range of tasks in the legal work of the agency, including conducting investigations and enforcement proceedings

Duties for Notice of Material Change

To evaluate health quality and access criteria related to requests for system purchases by private equity firms. The positions will work to close existing gaps between the Certificate of Need process at OHS and antitrust review at the Office of Attorney General to coordinate oversight of health care consolidation when entities begin to get so big they have outsized market power or seek transactions that have the potential to negatively impact the healthcare system's quality, access, or affordability – not just antitrust laws.

Positions

Staff Attorney 2 (3)

- Performs advanced and complex legal work of an agency;

- Researches, interprets, analyzes and applies complex and conflicting laws and regulations, case law and legal principles;
- Acts as hearing officer or represents agency in formal administrative and public proceedings on a full range of cases involving complex legal and technical issues;
- Negotiates and drafts settlement agreements;
- Drafts advisory opinions, rulings, decisions, recommendations, findings, legislation, statutes, regulations, publications and other related legal documents;
- Assists in the preparation and presentation of trials and appeals;
- Consults with the Office of the Attorney General on legal issues;
- Researches complex legal issues;
- Conducts investigations and enforcement proceedings;
- Prepares comprehensive reports for use in administrative and court proceedings;
- Prepares pleadings and other court papers;
- Interprets and applies complex or conflicting laws and regulations, case law and legal principles;
- Participates in the conduct of various educational activities;
- Provides legal guidance when duly authorized;
- Provides input into policy formation;
- Reviews court decisions, new and proposed laws and regulations to determine impact on agency operations;
- Prepares and maintains precedent manuals;
- Reviews legal and other related documents for legal sufficiency;
- May testify at or monitor legislative proceedings;
- May represent agency in court when authorized;
- Performs related duties as required.

Lead Planning Analyst (2)

- Plans workflow and determines priorities;
- Assigns and reviews work;
- Establishes and maintains planning procedures;
- Provides staff training and assistance;
- Conducts or assists in conducting performance evaluations;
- Acts as liaison with other operating units and/or local/regional providers, councils and other organizations, agencies and outside officials regarding policies and procedures;
- Performs a full range of tasks in planning, monitoring and evaluating programs;
- Performs related duties as required.

6) Can OHS provide a breakdown of their Other Expenses?

- See IF OE Appropriated FY 25

7) Current and future funding sources for Sen Director Health Equity

- The Senior Director of Health Equity is currently a durational position funded through the Insurance Fund. Given that we propose to make the position permanent,

the Governor has proposed to fund 50% of the position through the IF, with the remainder being covered by federal funds

8) What would be the implication of if the hospital provider tax was overturned?

The hospital user fee is administered by the Department of Revenue Services and is approved by CMS. There are multiple changes to the Medicaid program being discussed at the federal level, so the implication to the state budget of a change to provider tax laws would depend upon what was changed. OPM is better positioned to discuss implications to the state budget