



**STATE OF CONNECTICUT**  
HEALTHCARE POLICY & BENEFIT SERVICES DIVISION  
OFFICE OF THE STATE COMPTROLLER

**HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES**  
**January 9, 2023**

Meeting Called to Order by Josh Wojcik:

**Attendance:**

<b>Labor</b>	<b>State Comptroller Administrative Staff</b>
Carl Chisem – CEUI	Joshua Wojcik
Dan Livingston – SEBAC	Thomas Woodruff
Dave Glidden – CSEA	
	<b>Presenters</b>
	Bernie Slowik – OSC
<b>Management</b>	Rae-Ellen Roy – OSC
Gregory Messner	Betsy Nosal – OSC
	<b>Consultants</b>
<b>Dept. of Insurance</b>	Terry DeMattie, Segal
Paul Lombardo	

**Public Comment:**

No public comment

**Financials:**

Active appropriation projections show a \$37M surplus to close the year, due in part to slow rehiring for vacated positions. On health FAD account, seeing an improvement in the balance this month with a decrease in Anthem claims. Last month anticipated a balance between FAD accounts of \$3M but have come in \$19M better than anticipated. On retiree health appropriations does show the reduction of \$45M, still projecting to close the year with \$48.7M surplus, largely due to Aetna Medicare Advantage rate reduction coming through claims. On retiree OPEB FAD account, medical and

prescription spend accounts looking good. On medical side, claims are down more than anticipated this month, IBNR is in line with where we need to be, would like to see Rx balance up, but this is inclusive of the spend that is anticipated through the year, with the reduced cost for Medicare Advantage.

Q: Can the backup be shared?

A: Yes

Q: On the medical claims for actives, have you checked with Anthem to confirm they are processing claims as fast as they normally do?

A: I have not, but can make that request

### **Partnership:**

For Partnership 2.0, as of first of the year, have 160 groups enrolled, totaling just under 25,000 employees, and approximately 58,000 members – which includes two small groups that joined 1/1, as of this date, we had 125 groups who completed their three-year contract commitment, and had the option of exiting without incurring an early termination penalty, to date there have been ten groups that decided to leave. The Comptroller's Annual Report on Partnership will be published soon and will provide an update to all Partnership groups the third week of January on rate projections for 7/1/23.

### **Partnership 1.0**

Five groups remaining totaling 2,400 employees and just under 3,400 members.

Note: Comptroller's Annual Report on Partnership was posted to the website this morning and will be shared with the group following this meeting

### **Medicare Advantage: Update**

Aetna Medicare Advantage is live, transition has gone very well. Of approximately 65K members transitioned, there are approximately ten to fifteen member concerns currently being worked through. Most of the member concerns are related to prior authorizations transitioning. In each case reviewed, the last file that came over from United Healthcare came over a day later than anticipated, January 2 rather than January 1, all of these members are on that file and being updated appropriately. Some questions came through regarding prescriptions – where members filled scripts on December 29, then tried unsuccessfully to fill then again under Aetna on January 3, but were unable to do so as the information transitioned appropriately to indicate they were attempting to fill their prescriptions too soon. Discrepancy reports received from Aetna did show that a couple hundred cases being handled where retirees had not advised OSC that their spouses had passed, who were still receiving Medicare reimbursement for the deceased spouse. We are working through these to remove them from coverage and recover these payments. Aetna has hired an on-site PSL (personal service liaison), for prescription benefits, and still working on hiring a medical contact and other direct contacts available for our team. OSC continues to work with the current small team which has been helpful.

### **Dental RFP:**

RFP was released on Friday, the parties that are anticipated to bid have been notified, intents to bid are due tomorrow and bids are due February 3. Committee will review, followed by finalist interviews. Goal is to have the contract awarded by March 31 to ensure enough time is allotted to enter vendor information into CoreCT in the event there is a vendor change. The award will be effective for July 1. Some of the areas noted as of interest are not only that benefits are sustainable cost-wise, but also in terms of network size.

### **HEP Update:**

2022 compliance: As of January 4, for the state population, 78% are compliant, with 22% being non-compliant, or 60% of compliant households versus 40% non-compliant by household. For Partnership, 76% of participants are compliant, with 24% being non-compliant, households is also a 60% compliant, versus 40% non-compliant. This is better than where we were last March.

December call volume: call volume was high for Care Management Solutions, but had a relatively low wait time. Average was around 3,200 calls per day, between December 10 through December 22.

HEP Portal: CMSi will be turning over the 2023 HEP portal on Friday, January 16, they will test internally and review accuracy of information. The 2023 portal will be shared internally with OSC to test. The anticipated availability for the 2023 portal for state and Partnership members is the week of January 23. A communication will be sent once the 2023 portal is available.

Q: If a member goes on-line in the month of January, to check on 2023 requirements, what will they find?

A: The member will not see the 2023 compliance until the fourth week of January. This timing tracks with prior years. Members will be notified of this.

### **Quantum Implementation:**

Transitioning from CMSi to Quantum, members will be notified of this transition and ability to access a new platform. Members will be able to sign on to one portal to see all their benefits, including medical, pharmacy, dental (if applicable) and HEP. Continue to update the Quantum team of the state's benefit structures and communications to members so Quantum can transition these activities seamlessly, ensuring a positive member experience. Digital experience, access and call center experience will be different. A larger dedicated call center will be serving members, with a dedicated team of 125 staff. We are preparing the appropriate member communications for April, in advance of May open enrollment. Transition is set to be complete on July 1, with a carrier transition period between April to July.

### **Provider of Distinction Program (POD):**

The POD program provides incentives to members who utilize higher quality, higher efficiency providers for certain plan services (list provided). Incentive eligible utilization was reviewed for the baseline year of fiscal year 2019 (before the start of POD program) to assess the distribution of utilization among what are considered POD locations today against those that are not. The same was done for FY 2022. Overall utilization of these services increased from 2019 to 2022, this increase in utilization was anticipated due to delayed care during COVID, resulting in pent-up demand but we saw a greater concentration of this increase on these POD services. The POD locations saw a 73% increase in utilization while the non-POD locations saw a -3% decrease. For every service but hip-replacement, the POD locations were on average lower cost than non-POD locations. OSC continues to review hip replacement. The total potential savings based on the average cost differential and multiplying by the percent increase differential between POD and non-POD locations, results in a potential savings of approximately \$38M. Without a control group, we do not know whether the broader commercial market saw similar changes in utilization patterns. OSC will request Anthem do a similar analysis across its broader book of commercial business.

Comment: If using the term “potential savings”, can lower costs due to decrease in hospital infections, etc., be added to the computation?

Response: this can be broken out. Note the calculation includes the entire episode, 30 days before and 90 days post, so costs related to the episode – including re-hospitalizations, hospital acquired infections are captured and built into the projected savings.

Q: Do the potential savings include payments to employees?

A: They do not, first incentive payments were made in April 2022, less than \$1M in FY 22, would have been closer to \$3M if paid to everyone, so potential savings would have been around \$35M, still a good return on investment

The list of covered services are also under review. OSC may have recommendations for services to drop because of low utilization or low-cost differential between PODs and non-PODs, limiting savings potential and services to add. Also looking at quality requirements. In addition to adverse events, under consideration are additional measures for more complex procedures and for procedures like endoscopy and colonoscopy (diagnostic procedures) with low adverse events. OSC is consulting with groups providing these services to understand how they measure quality measures they track to consider the value and feasibility of adding these to the program. Also reviewing quality measures listed in the new Quantum lookup tool to ensure quality metric results are consistent for POD designated locations to increase the level of confidence in the program. Also looking at cost thresholds for episodes and reviewing how to best integrate the primary care strategy with the POD program, for example, Quantum may be used to highlight specific POD providers engaged in the primary care initiative while still allowing members to go where they want.

Q: Are there communication strategies around this? The slide which shows potential large savings, may be useful for the world to know, especially when there are systems that don't participate, that the program is successful in driving utilization.

A: Yes, it will be helpful to get this information out, that the program is driving utilization and generating savings.

### **Communications Update:**

In December, emails were sent to members regarding online focus group, three different distributions were sent, including new hires in the past three years, to discover resources and access needs to benefit information. Expecting report this week. To date, 175 newly hired employees participated in the survey with 142 responses coming through. Efforts being made by OSC to re-engage agency contacts to promote this information. December all user email went out dealing with stress, available emotional health supports, EAP availability and contacting your PCP. Other information shared included HEP wellbeing seminars, and other health educational topics in segments of 30 minutes or less.

Q: For the box showing HEP Monthly seminars, there is a decent click through rate for SOCT members, but for Partnership, a lot open emails but click-through rate is lower. Can we draw inferences from this?

A: This may be related to subject matter, or timing or because emails were sent around the holidays. We do usually see a pattern where the state Partnership group has a greater overall open rate, however, the click-through was less for Partnership this time. We did reach end of six months where subjects may have overlapped. We will continue to look at this and expand our distribution lists to reach more employees.

Comment: Perhaps may be due to branding – when SOCT employee sees email coming from Comptroller office – may get more attention than if a town sees the same. Also, if we have more personal emails from SOCT employees, these members may feel more comfortable opening these health-related emails from home on personal email rather than at work.

A: Good point, OSC has work and personal emails for many employees. OSC intends on sending to more personal email accounts in addition to the work email addresses that are in our distribution from DAS.

**Josh Wojcik** – Announced no topics for Labor and Management meeting. Invited additional questions or comments from committee members and the public. There were no additional questions or comments.

Motion to Adjourn was made by Dan Livingston, seconded by Gregory Messner.

Meeting was adjourned