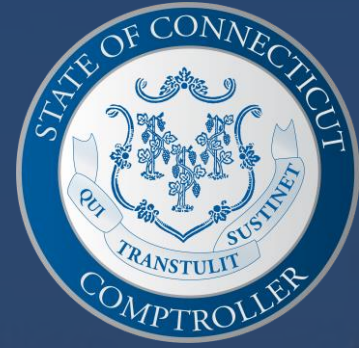


CONNECTICUT PARTNERSHIP PLAN



April 2023 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- Final 7/1 Medical/Rx Rates
- Dental RFP Results & Rates
- Quality First Select Access Plan Option
- Utilization Review
- Quantum Health / HEP

Please remain on mute and ask any questions through the chat.

Thank you.

Final 7/1/23 Medical/Rx Rates

- 7/1/23 Medical/Rx rates have been released
 - Average 7.2% increase for active medical/Rx plan
 - Average 5% increase for retirees on Anthem plan
- Reminder for Medicare Advantage Plan
 - New Rates will be provided prior to the 1/1/24 renewal date

Dental RFP

Completed the dental RFP process

- Cigna has been awarded the contract again effective 7/1/23
- New contract will include network expansion guarantees over the next 3 years
- For groups who have the SPP dental, rate letters were sent out last week

Quality First Select Plan Option

- Offering the Quality First Select Plan Option for 7/1/23
 - Offered at the group level, not employee level
 - Cost savings of -8.2% (*actual rates available upon request*)
 - Providers in this network commit to strict care experience and quality measures
 - a) As a reminder, Hartford Healthcare Network does **not** participate in the select network
 - In the process of providing disruption reports to groups who submitted a request
 - a) If you have not yet received your report, please let us know.
 - b) Reminder: Groups need to make a decision by next Friday, 4/28

UTILIZATION: Actives & Non-Medicare Retirees

All Plans

Utilization Dashboard

Current Period: Oct 2021 – Sep 2022
Prior Period: Oct 2020 – Sep 2021

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$691.85	82%	▲ 5.1%
Inpatient Facility	\$130.54	15%	▼ 9.3%
Outpatient Facility	\$284.05	34%	▲ 11.7%
Professional Services	\$256.69	30%	▲ 7.0%
Ancillary	\$20.58	2%	▲ 1.5%
Pharmacy	\$154.69	18%	▲ 11.0%
Total Cost	\$846.54		▲ 6.1%

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,281	4,954	6.6%
Preventive Services	2,929	2,735	7.1%
Inpatient Admissions	67	69	-3.7%
Average Cost Per Admission	\$23,555	\$25,027	-5.9%
Emergency Room (ER) Visits	197	170	16.0%
Average ER Visit Cost	\$2,846	\$2,755	3.3%
Urgent Care (UC) Visits	469	421	11.4%
Average UC Visit Cost	\$205	\$195	5.3%
Rx Scripts	11,325	10,371	9.2%
Average Cost per Script	\$164	\$161	1.6%

¹ Claims for the current period have been completed using a factor of 0.960

Utilization Dashboard

Current Period: Jan 2022 – Dec 2022
Prior Period: Jan 2021 – Dec 2021

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$704.03	82%	▲ 3.7%
Inpatient Facility	\$136.28	16%	▼ 4.3%
Outpatient Facility	\$277.96	32%	▲ 7.3%
Professional Services	\$268.74	31%	▲ 4.8%
Ancillary	\$21.05	2%	▼ 1.6%
Pharmacy	\$157.15	18%	▲ 8.2%
Total Cost	\$861.19		▲ 4.5%

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,074	5,059	0.3%
Preventive Services	4,766	4,923	-3.2%
Inpatient Admissions	68	69	-1.8%
Average Cost Per Admission	\$24,132	\$24,757	-2.5%
Emergency Room (ER) Visits	202	181	11.3%
Average ER Visit Cost	\$2,867	\$2,759	3.9%
Urgent Care (UC) Visits	432	475	-8.9%
Average UC Visit Cost	\$211	\$199	6.0%
Rx Scripts	10,821	10,371	5.6%
Average Cost per Script	\$165	\$161	2.5%

² Slide does not include Prudent Rx, which will significantly reduce the reported trend

Quantum Health

- Quantum Health has been rolled out effective 4/1/23 to administer the Health Enhancement Program (HEP)
 - Members and administrators have received a communication with the new HEP login link, which is also available on our website [The CT Partnership Plan 2.0](#).
 - Quantum Health will be replacing CMSi and Health Navigator. We also have Virta Health replacing Livongo as the vendor for the Diabetes Management Program.
 - More services will be rolled out between 4/1 and 7/1 including Single Sign on capabilities, COE/POD administration, central hub for healthcare questions.
 - New ID cards will be sent to all enrolled SPP members
 - The cards have been updated with Quantum's contact info

CONNECTICUT
PARTNERSHIP PLAN



Questions?

Please remain on mute and use the chat function.

The presentation will be posted to the Partnership Site: [The CT Partnership Plan 2.0](#)

osc.ct.gov/ctpartner

Appendix

- State of CT & Partnership Utilization Dashboard
 - Claims Summary, Drivers of Trend and Cost & Membership Summary
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates

UTILIZATION: Actives & Non-Medicare Retirees

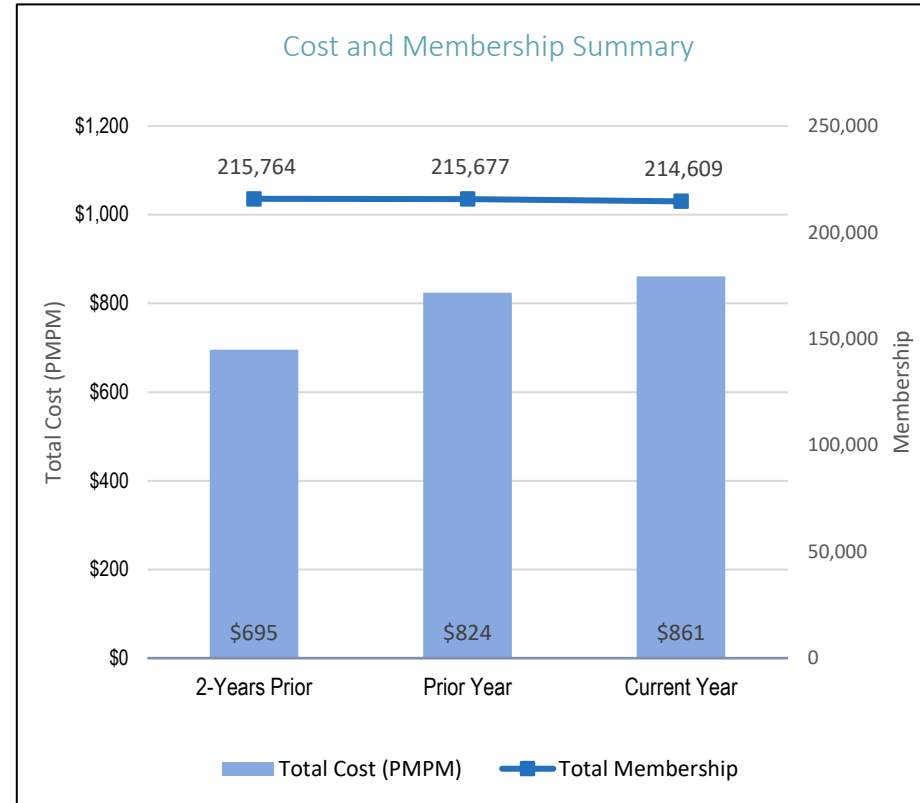
All Plans

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Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Pharmacy – Specialty	\$47.07	\$39.31	▲ \$7.76
Outpatient – Surgery	\$83.50	\$76.24	▲ \$7.25
Outpatient – ER	\$48.15	\$41.65	▲ \$6.50
Outpatient – Pharmacy	\$51.42	\$46.16	▲ \$5.26
Inpatient – Medical	\$36.11	\$40.86	▼ \$4.75



Observations

- PMPM medical costs have increased 3.7 Year-over-Year (“YoY”) and accounted for 82% of total spend
- PMPM Rx costs have increased 8.2% YoY and accounted for 18% of total spend
- The second table above illustrates the top 5 drivers of trend. Specialty pharmacy was the top driver of spend on a PMPM basis, increasing \$7.76 PMPM over last year.

¹ Claims for the current period have been completed using a factor of 0.960

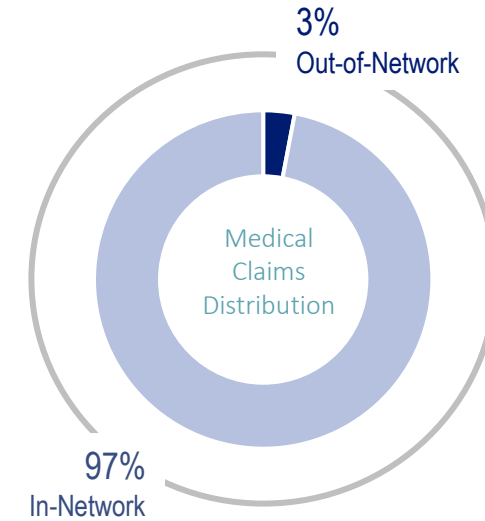
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Actives & Non-Medicare Retirees

All Plans

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Observations

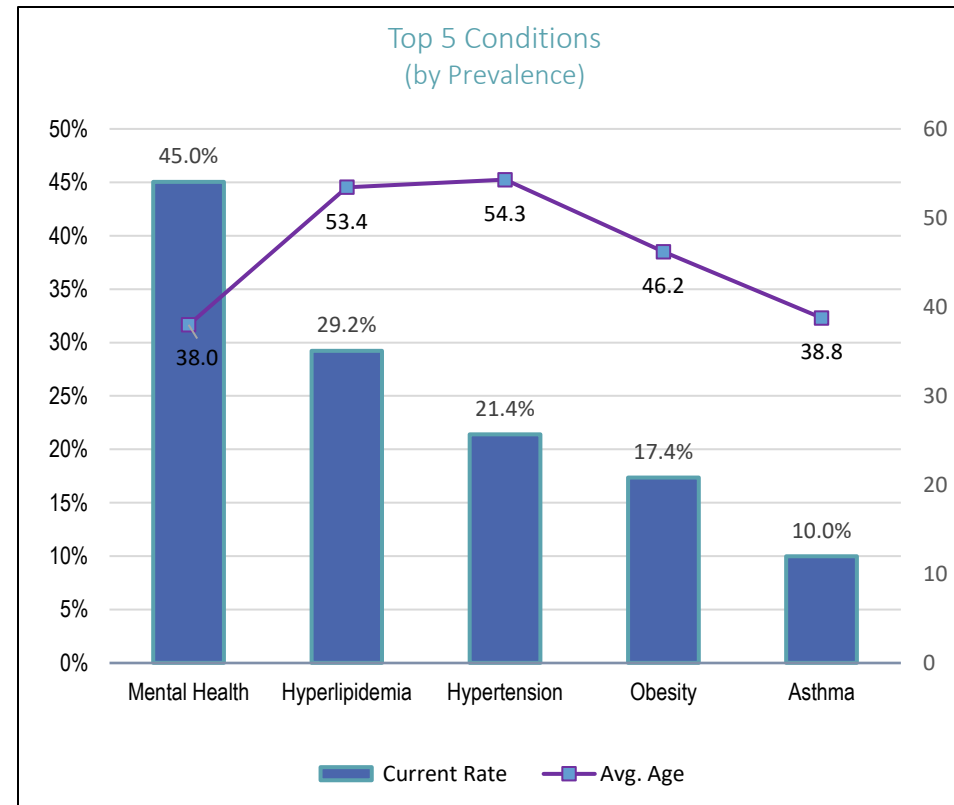
- Office visits per 1,000 remained relatively stable YoY, while preventive services increased 3.5% YoY.
- Inpatient admissions per 1,000 decreased 1.8% YoY, and average cost per admission also decreased 2.5%.
- ER visits per 1,000 increased 11.3% YoY, the average cost per visit also increased 3.9%.
- Urgent care visits per 1,000 decreased 8.9% YoY, while the average cost per visits increased 6.0%.
- Rx scripts per 1,000 increased 5.6% YoY and unit cost trend was 2.5%.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence

Chronic Condition	Current Rate	Prior Rate
Asthma	10.0%	9.8%
Breast Cancer	1.1%	1.1%
Cervical Cancer	0.0%	0.0%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Colorectal Cancer	0.2%	0.2%
Congestive Heart Failure (CHF)	0.4%	0.4%
Coronary Artery Disease (CAD)	2.9%	2.8%
Diabetes	7.7%	6.8%
Hyperlipidemia	29.2%	28.1%
Hypertension	21.4%	21.2%
Obesity	17.4%	15.8%
Prostate Cancer	0.5%	0.5%
Mental Health	45.0%	42.5%
Substance Abuse	6.9%	6.5%



Observations

- Continuing increases in Hyperlipidemia, Obesity, and Diabetes
- The percentage of members diagnosed with mental health concerns increased another 2.6 percentage points (pp), this has been a common theme of the pandemic years due to expanded access via telehealth and obvious stressors.

Actives & Non-Medicare Retirees

All Plans

Care Gaps and Compliance Rates

Chronic Condition	Clinical Quality Metrics	All Members			SHAPE BoB ¹	Gender Distribution		Compliance Rate by Gender	
		Population	Current Period	Change (pp)		F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	16,472	83%	▼ 2.9	82%	53%	47%	80%	86%
	Screening for diabetic nephropathy	16,472	70%	▼ 3.1	65%	53%	47%	69%	71%
	Screening for diabetic retinopathy	16,472	56%	▼ 3.0	28%	53%	47%	56%	56%
Hyperlipidemia	Total cholesterol testing	62,235	80%	▼ 0.5	73%	48%	52%	81%	79%
COPD	Spirometry testing	1,362	36%	▼ 0.5	30%	53%	47%	38%	34%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,249	41%	▼ 2.2	41%	34%	66%	31%	46%
	Patients currently taking a statin	6,249	79%	▼ 0.1	64%	34%	66%	66%	86%
Preventive Screening	Breast cancer	54,442	67%	▼ 0.2	43%	100%		67%	
	Cervical cancer	88,384	53%	▼ 0.2	32%	100%		53%	
	Colorectal cancer	71,376	55%	▲ 5.1	36%	54%	46%	58%	52%
	Prostate cancer	32,813	70%	▲ 3.6	44%		100%		70%

Observations

- All preventive screening compliance rates are critically important. Early detection of chronic conditions gives the patient a higher probability of a positive outcome. Expensive treatments in the future can be avoided if these conditions are caught/managed early.
- Noticeable increases in Colorectal Cancer and Prostate Cancer screening rates.
- While the majority of compliance rates are down YoY, the State's compliance rates remain favorable in all categories when compared to the SHAPE BoB.
- The Plan should frequently communicate the value and importance of preventive screenings.

¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2019. Compliance statistics have not been adjusted for risk or severity

Actives & Non-Medicare Retirees

High-Cost Claimants (Medical + Rx \$20k+)

Category (sorted by Members)	Current Period			Prior Period			%Change	
	Claimants (% Terminated ¹)	% of Total ²	PCPY	Claimants (% Terminated ¹)	% of Total ²	PCPY	Claimants	PCPY
Episodic w/ Underlying Health Conditions	2,721 (12%)	42.2%	\$53,604	2,699 (7%)	45.0%	\$54,650	0.8%	-1.9%
Chronic	1,202 (14%)	18.6%	\$74,562	1,007 (6%)	16.8%	\$72,880	19.4%	2.3%
Rx Dominant	1,048 (15%)	16.2%	\$60,364	913 (5%)	15.2%	\$59,207	14.8%	2.0%
Episodic w/o Underlying Health Conditions	727 (15%)	11.3%	\$41,849	586 (9%)	9.8%	\$43,006	24.1%	-2.7%
Mental Health	288 (15%)	4.5%	\$61,847	305 (3%)	5.1%	\$61,420	-5.6%	0.7%
Screenable Cancer	212 (12%)	3.3%	\$122,080	225 (7%)	3.7%	\$114,539	-5.8%	6.6%
Non-Screenable Cancer	166 (19%)	2.6%	\$197,478	183 (14%)	3.0%	\$191,423	-9.3%	3.2%
Substance Use Disorder	91 (19%)	1.4%	\$54,827	86 (9%)	1.4%	\$59,920	5.8%	-8.5%
Total High-Cost Members	6,455 (13%)	8.4%	\$63,614	6,004 (7%)	8.1%	\$64,097	7.5%	-0.8%

Observations

- 6,455 claimants exceeded the \$20k in combined medical and Rx spend during the current period. This reflects a 7.5% increase when compared to last year.
- Episodic with underlying condition was the top category with about 42% of high-cost claimants falling into this category. Chronic was the second highest category.
- Rx dominant, which reflects claimants exceeding the threshold mainly due to prescription drug costs rather than medical costs, ranked third.

¹ Terminated members as of December 2022.

² % of Total reflects the ratio of claimants in each category to the total high-cost claimants, with the expectations of the total row where it reflects the ratio of total high-cost claimants to the total population.