CONNECTICUT PARTNERSHIP PLAN

January 2026 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

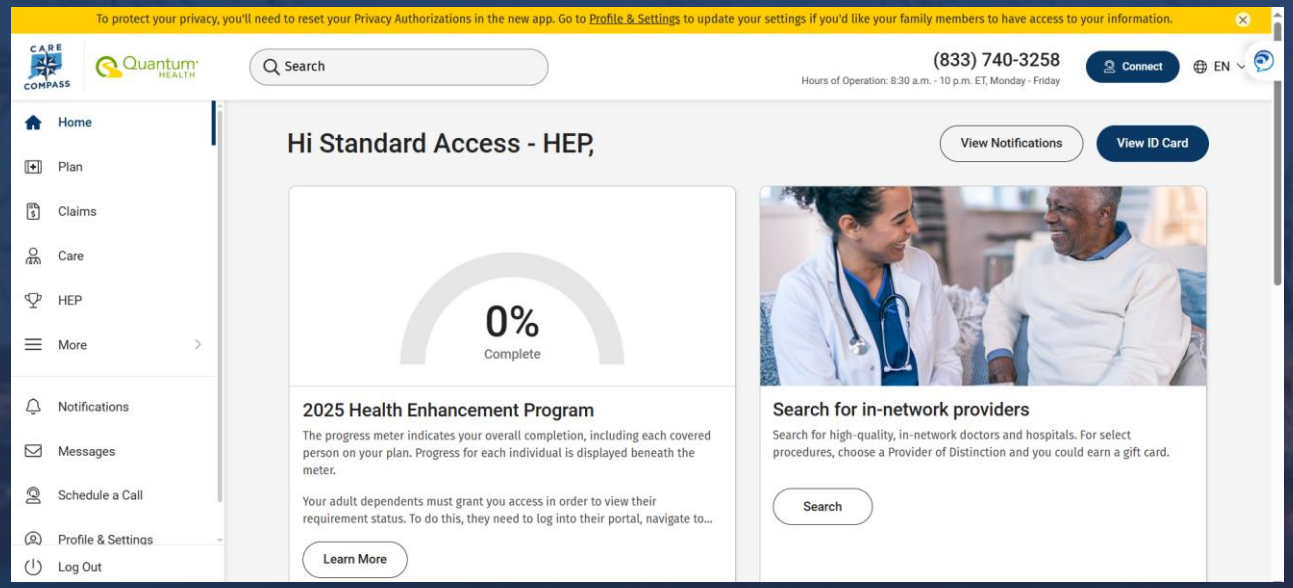
- Quantum Health Updates
- Medicare Advantage Communications
- CVS Changes
- ACA Filing Update
- RFP (Request for Proposal) Updates
- July 1st, 2026 Rate Projection
- Financial Overview

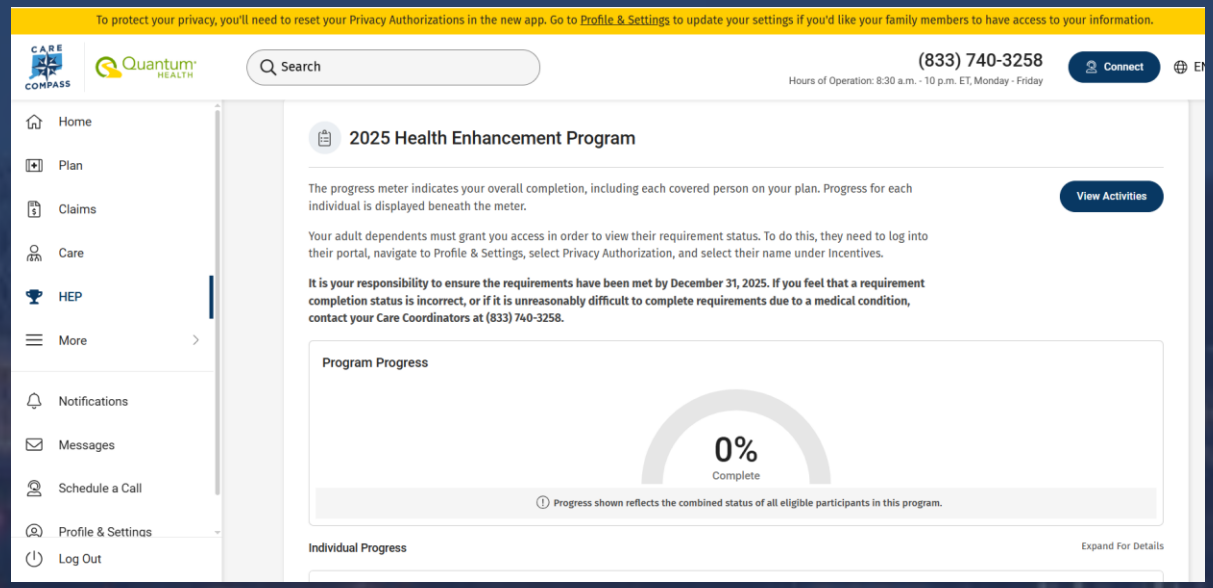
Please remain on mute and ask any questions through the chat.
Thank you.

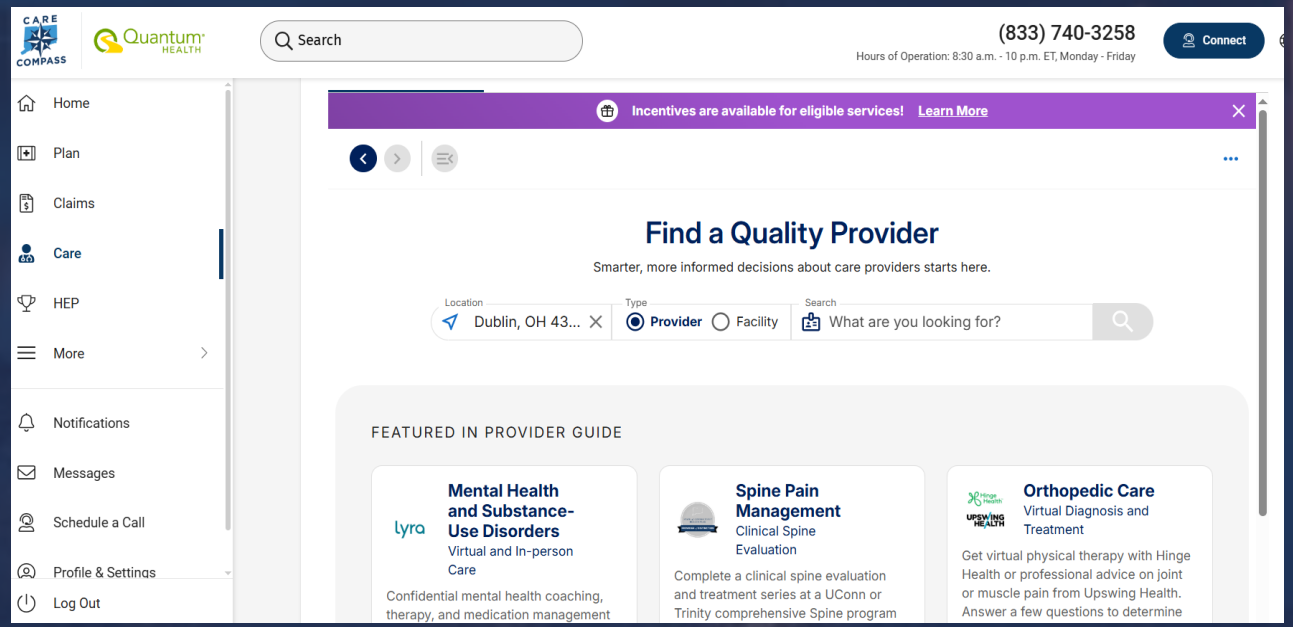
Quantum Health Updates

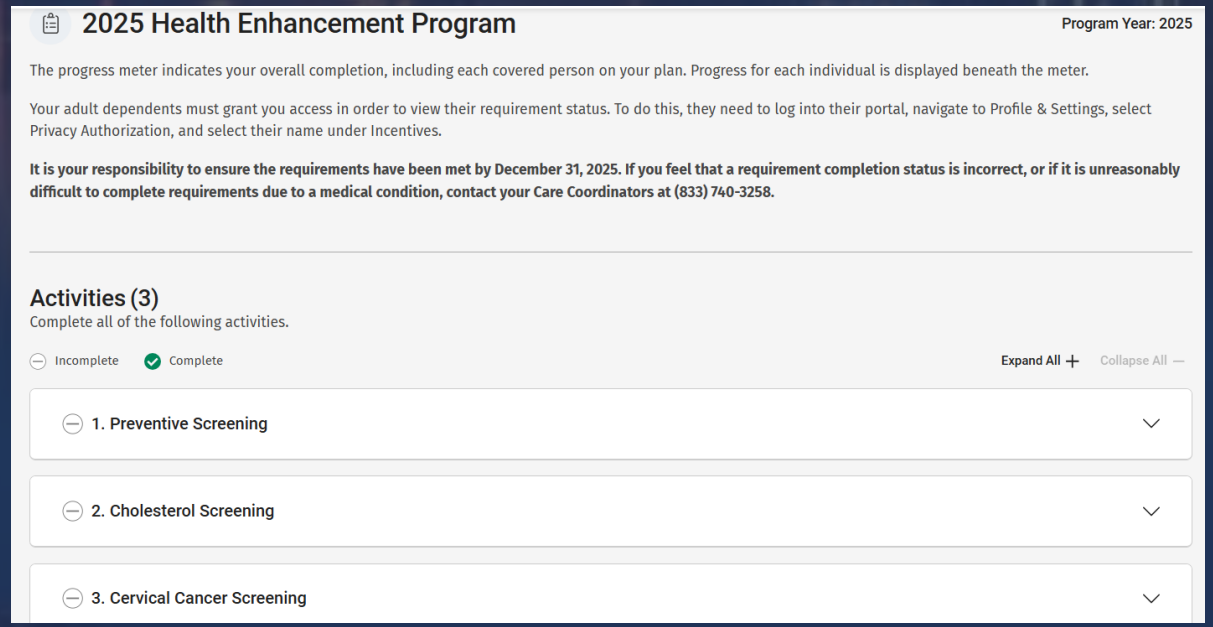
- Welcome Molly!
- New portal launched 1/5/26 – please encourage your population to check out the new site, *re-registration is required*
- Enhanced event request process coming soon
- HEP Update
  - 2026 program set to launch 2/2/26
  - Current household compliance:
    - 2024: 90% household compliance, 10% non-compliant
    - 2025: 75% household compliance, 25% non-compliant
  - Reminder: 2025 penalty doesn't go into effect until summer 2026

Quantum Health Updates Cont.









Medicare Advantage Communications

State of Connecticut Aetna Partnership Dedicated Contacts:

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- Billing Inquiries: bapico@aetna.com
- Eligibility: StateofCTMAElig@aetna.com
- Member Inquiries: StateofConnecticutMedicare@aetna.com

Medicare Advantage Communications

- As of January 1, 2026, the Medicare Advantage State of Connecticut Plan has moved from a MAPD to a MA and PDP (Prescription Drug Plan)
- All members should have now received two ID cards/Welcome kit packages:
  - Medical: Aetna
  - Pharmacy: SilverScript
- If members have not received both ID cards please escalate to: StateofConnecticutMedicare@AETNA.com

ct.aetnamedicare.com

CVS Caremark Changes

- Some members may have received a letter for CVS regarding brand name maintenance drugs moving from a 90-day fill to a 30-day fill
  - Please note, this change will be retracted and a communication from CVS will be forthcoming next month
  - In the meantime, 30-day fills should be pro-rated from the 90-day copay
  - Any member questions, please call Quantum Health: 833-740-3258

ACA Filing Update

- Groups that identified as an ALE (applicable large employer) should receive an excel file from Anthem by the end of this week
    - If your group has not received their file, please contact: anthemacctteamspp@anthem.com
- Groups that identified as a non-ALE, the State is currently processing the 1095 forms
    - Members should receive their 1095 form by the end of Feb/beginning of March

RFP (Request for Proposal)

- Current RFP(s)
  - Medical/Care Coordinator
    - Currently in the final review phase
    - A final decision will be made by February 2026

- Upcoming RFP(s)
  - Pharmacy
    - Rx RFP to be released this summer
    - The current PBM is Caremark/CVS

July 1st, 2026 Rate Projection

- 7/1/26 medical/Rx updated base rate renewal projection is between **12-15%**

- The second half of the regional rate adjustments are also factored into the above
  - Just a reminder that this is a 2-year implementation, so the same factor applied on 7/1/25 will also be applied on 7/1/26

County	Remaining 50% of Change
Fairfield	1.0%
Hartford	-0.5%
Litchfield	-0.5%
Middlesex	0.0%
New Haven	-1.5%
New London	-1.0%
Tolland	1.0%
Windham	-3.0%

Financial Overview

Actives & Non-Medicare Retirees
All Plans

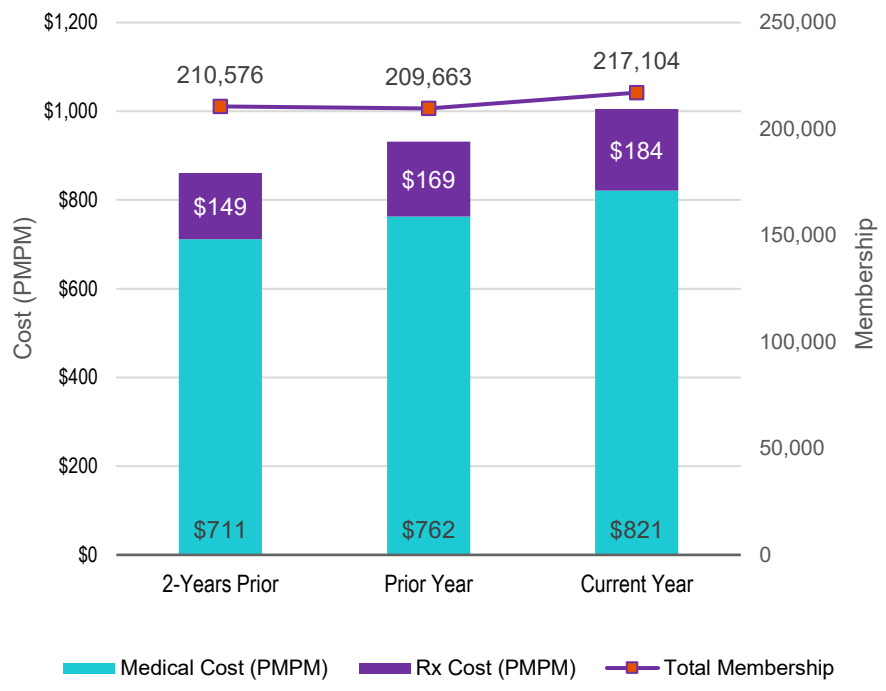
Claims Summary[1]

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	**$821.14**	**82%**	**▲ 7.7%**
Inpatient Facility	$160.81	16%	▲ 0.8%
Outpatient Facility	$321.19	32%	▲ 9.5%
Professional Services	$318.14	32%	▲ 10.7%
Ancillary	$21.01	2%	▼ 5.7%
Pharmacy[2]	**$183.84**	**18%**	**▲ 8.7%**
Total Cost	**$1,004.98**		**▲ 7.9%**

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Pharmacy - Specialty	$67.90	$48.11	▲ $19.78
Outpatient - Pharmacy	$105.31	$92.09	▲ $13.22
Outpatient - Surgery	$21.72	$29.36	▼ $7.64
Professional -E&M	$60.30	$52.85	▲ $7.45
Prescription Drugs - Brand	$33.65	$28.84	▲ $4.82

Cost and Membership Summary



Observations

- PMPM medical costs have increased 7.7% Year-over-Year ("YoY") and accounted for 82% of total spend.
- PMPM Rx costs have increased 8.7% YoY and accounted for 18% of total spend.
- The second table above illustrates the top 5 drivers of trend. Pharmacy - Specialty was the top driver of spend on a PMPM basis, increasing $19.78 PMPM over last year.

1 Reflects paid claims through November 2025. Claims for the current period have been completed using a factor of 0.95
2 Pharmacy costs reflect PrudentRx savings through October 2025.

CONNECTICUT PARTNERSHIP PLAN 2.0

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

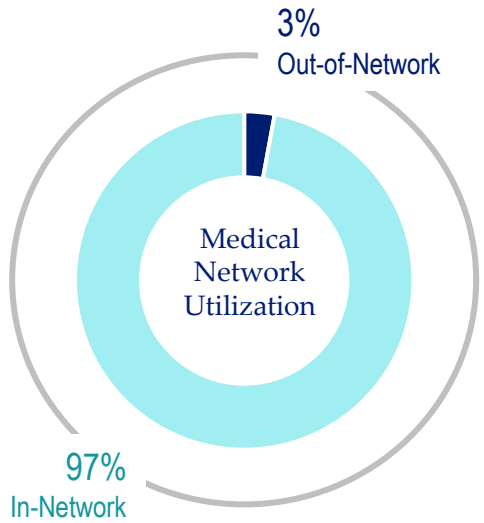
- State of CT & Partnership Utilization Dashboard
  - Key Utilization Metrics
  - Disease Prevalence
  - Care Gaps & Compliance Rates
  - High-Cost Claimants

Actives & Non-Medicare Retirees
All Plans

Utilization Dashboard
Current Period: Oct 2024 – Sep 2025
Prior Period: Oct 2023 – Sep 2024

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,179	5,003	3.5%
Preventive Services	4,390	4,426	-0.8%
Inpatient Admissions	81	76	6.7%
Average Cost Per Admission	$23,932	$25,337	-5.5%
Emergency Room (ER) Visits	203	201	0.6%
Average ER Visit Cost	$3,029	$2,775	9.2%
Urgent Care (UC) Visits	420	381	10.2%
Average UC Visit Cost	$252	$228	10.4%
Rx Scripts	12,126	11,845	2.4%
Average Cost[1] per Script	$182	$171	6.2%



Observations

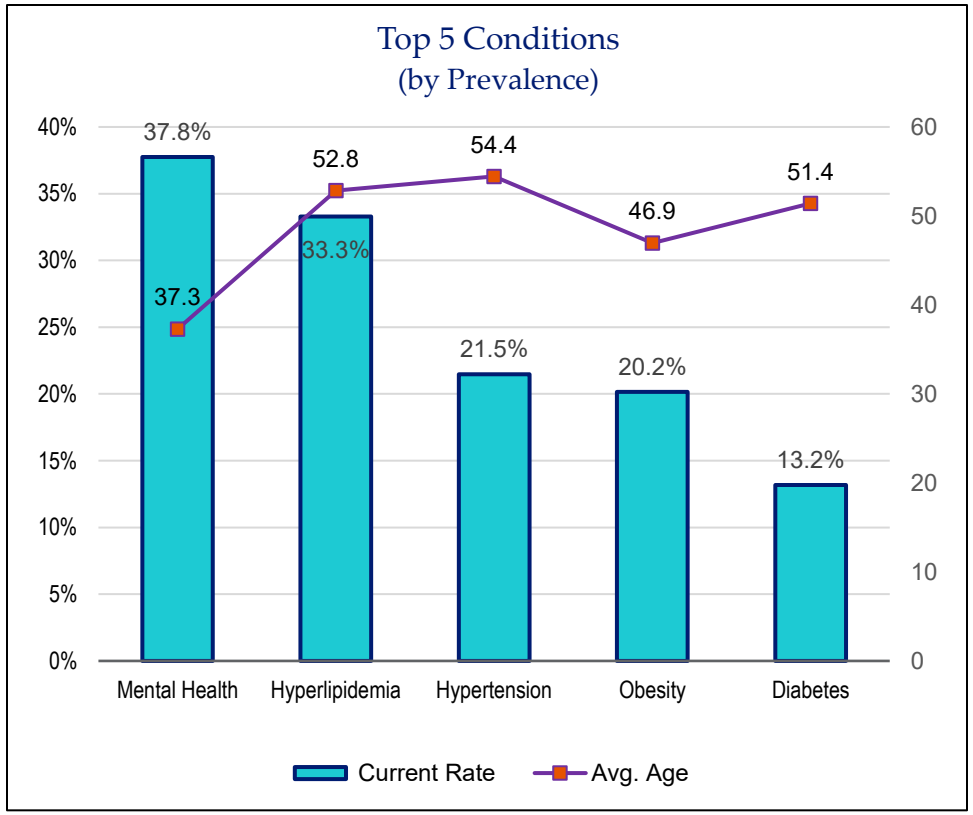
- Office visits per 1,000 increased 3.5% YoY, while preventive services saw a slight decrease.
- Inpatient admissions per 1,000 increased 6.7% YoY, while average cost per admission decreased 5.5% YoY.
- ER visits per 1,000 remained relatively stable YoY, the average cost per visit increased 9.2% YoY.
- Urgent care visits per 1,000 increased 10.2% YoY, and the average cost per visit increased 10.4% YoY.
- Rx scripts per 1,000 increased 2.4% YoY, and unit cost trend increased 6.2% YoY.

1 Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees
All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	37.8%	36.3%
Hyperlipidemia	33.3%	31.0%
Hypertension	21.5%	21.1%
Obesity	20.2%	19.1%
Diabetes	13.2%	11.2%
Asthma	7.1%	7.2%
Substance Abuse	3.9%	4.0%
Coronary Artery Disease (CAD)	3.8%	3.2%
Breast Cancer	1.0%	0.9%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Prostate Cancer	0.6%	0.5%
Congestive Heart Failure (CHF)	0.5%	0.5%
Colorectal Cancer	0.2%	0.2%
Cervical Cancer	0.0%	0.0%



Observations

- Mental health remained the State's top disease condition with 37.8% of total members (prevalence) and has increased 1.5 percentage points (pp) YoY.
- Continuing increases in Hyperlipidemia, Obesity, and Diabetes

Actives & Non-Medicare Retirees
All Plans

Care Gaps and Compliance Rates

Chronic Condition	Clinical Quality Metrics	All Members				Gender Distribution		Compliance Rate by Gender	
		Population	Current Period	Change (pp)	SHAPE BoB[1]	F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	29,269	84%	▲ 2.0	82%	60%	40%	83%	86%
	Screening for diabetic nephropathy	29,295	63%	▲ 2.0	62%	60%	40%	62%	63%
	Screening for diabetic retinopathy	29,249	49%	▼ 2.0	25%	60%	40%	50%	48%
Hypertension	On anti-hypertensives and serum potassium	30,460	65%	▲ 0.5	61%	42%	58%	65%	65%
Hyperlipidemia	Total cholesterol testing	74,024	80%	▲ 1.3	72%	50%	50%	82%	78%
COPD	Spirometry testing	1,258	35%	▼ 3.8	26%	51%	49%	34%	36%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	8,372	39%	▼ 1.0	41%	34%	66%	30%	43%
	Patients currently taking a statin	8,359	82%	▲ 0.7	70%	34%	66%	72%	87%
Preventive Screening	Breast cancer	56,918	69%	▲ 5.0	56%	100%		69%	
	Cervical cancer	92,403	52%	▲ 0.1	46%	100%		52%	
	Colorectal cancer	72,810	50%	▼ 2.5	41%	54%	46%	54%	46%
	Prostate cancer	33,380	70%	▲ 1.1	38%		100%		70%

Observations

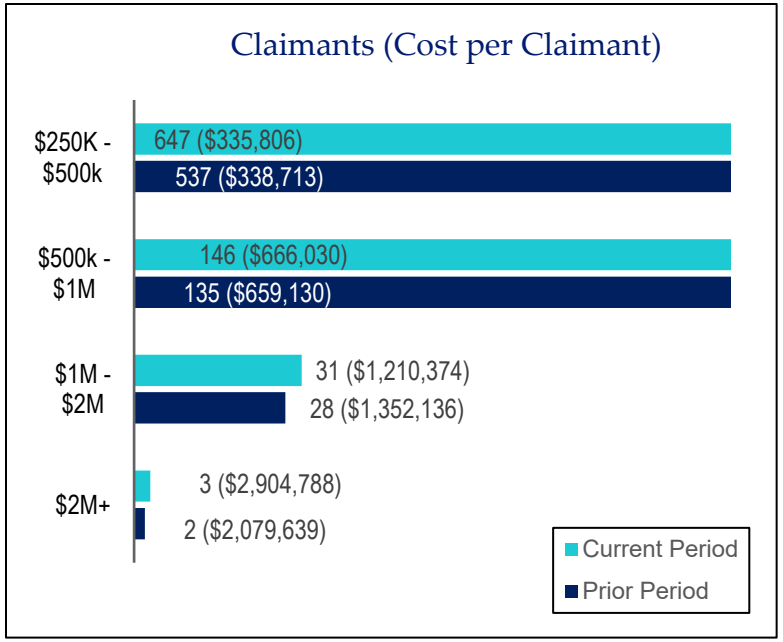
- All preventive screening compliance rates are critically important. Early detection of chronic conditions gives the patient a higher probability of a positive outcome. Expensive treatments in the future can be avoided if these conditions are caught/managed early.
- While some compliance rates are down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

[1] SHAPE Book-of-Business reflects compliance rates for calendar year 2023 Compliance statistics have not been adjusted for risk or severity

Actives & Non-Medicare Retirees
All Plans

High-Cost Claimants (Medical & Rx $250k+)

Category (sorted by Members)	Current Period		Prior Period	
	Claimants	Cost per Claimant	Claimants	Cost per Claimant
Episodic w/ Underlying Health Conditions[1]	199	$466,172	170	$473,403
Chronic	177	$418,863	143	$450,910
Non-Screenable Cancer	168	$470,916	153	$493,534
Rx Dominant	123	$397,193	98	$405,592
Screenable Cancer	93	$391,917	82	$386,995
Episodic w/o Underlying Health Conditions[1]	32	$496,916	21	$444,163
Mental Health	25	$384,843	26	$340,597
Substance Use	10	$389,667	9	$306,285
Total High-Cost Members	**827**	**$436,207**	**702**	**$445,713**



Observations

- 827 claimants exceeded the $250k in combined medical and Rx spend during the current period. Compared to 702 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 24% 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] Underlying conditions reflect members with the following conditions:Mental Health, Hyperlipidemia, Hypertension, Obesity, Diabetes, Asthma, Substance Abuse, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), and Congestive Heart Failure (CHF).