

**CONNECTICUT**  
**PARTNERSHIP PLAN**



# January 2025 Partnership Plan Update

Office of the State Comptroller

[osc.ct.gov/ctpartner](https://osc.ct.gov/ctpartner)

# Agenda

- New SPP Member Website
- ACA Filing
- July 1<sup>st</sup>, 2025 Rate Projection Update
- Financial Overview

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

**Thank you.**

# New SPP Member Website

- New SPP member facing page has been released on the Care Compass website
  - <https://carecompass.ct.gov/ctpartner/>
  - We will be sending an email to admin on the new SPP member page in the coming week
- The former SPP website will still be available for admin
  - <https://osc.ct.gov/ctpartner/index.html>



# ACA Filing

- ALE groups should have received their file from Anthem
- The State is handling the 1095 forms for non-ALE SPP groups, which will be mailed to members by March

# Rate Projection: Regional Adjustment

- As a reminder, this is a 2-year implementation, so the same factor applied on 7/1/25 will also be applied on 7/1/26
- Regional rate adjustments will be reviewed on a 5-year basis

<b>County</b>	<b>Regional Adjustment 7/1/25</b>
1-Fairfield	<b>1.0%</b>
2-Hartford	<b>-0.5%</b>
3-Litchfield	<b>-0.5%</b>
4-Middlesex	<b>0.0%</b>
5-New Haven	<b>-1.5%</b>
6-New London	<b>-1.0%</b>
7-Tolland	<b>1.0%</b>
8-Windham	<b>-3.0%</b>

# Rate Projection: Base

- 7/1/25 medical/Rx base rate renewal projection is **10-12%**
  - Projected expenses are based on the recent 12 months of claims experience
  - Rate components include:
    - Projected medical and pharmacy claim trend
    - Primary Care Initiative Program
    - Rx rebates
    - Anthem ASO fees
    - CVS administrative fees
    - Administrative expenses
    - PrudentRx program fees (program savings inherent in claim projections)
    - Reserve adjustment
- Finalized rates will be provided in early March 2025



A dark blue background image featuring a bridge at night. The bridge's structure is silhouetted against the dark sky, with several lights glowing from its base. These lights are reflected in the calm water below, creating a shimmering effect. The overall scene is serene and atmospheric.

# Financial Overview

# Actives & Non-Medicare Retirees

## All Plans

**Utilization Dashboard**  
 Current Period: Incurred Oct 2023 – Sep 2024  
 Prior Period: Incurred Oct 2022 – Sep 2023

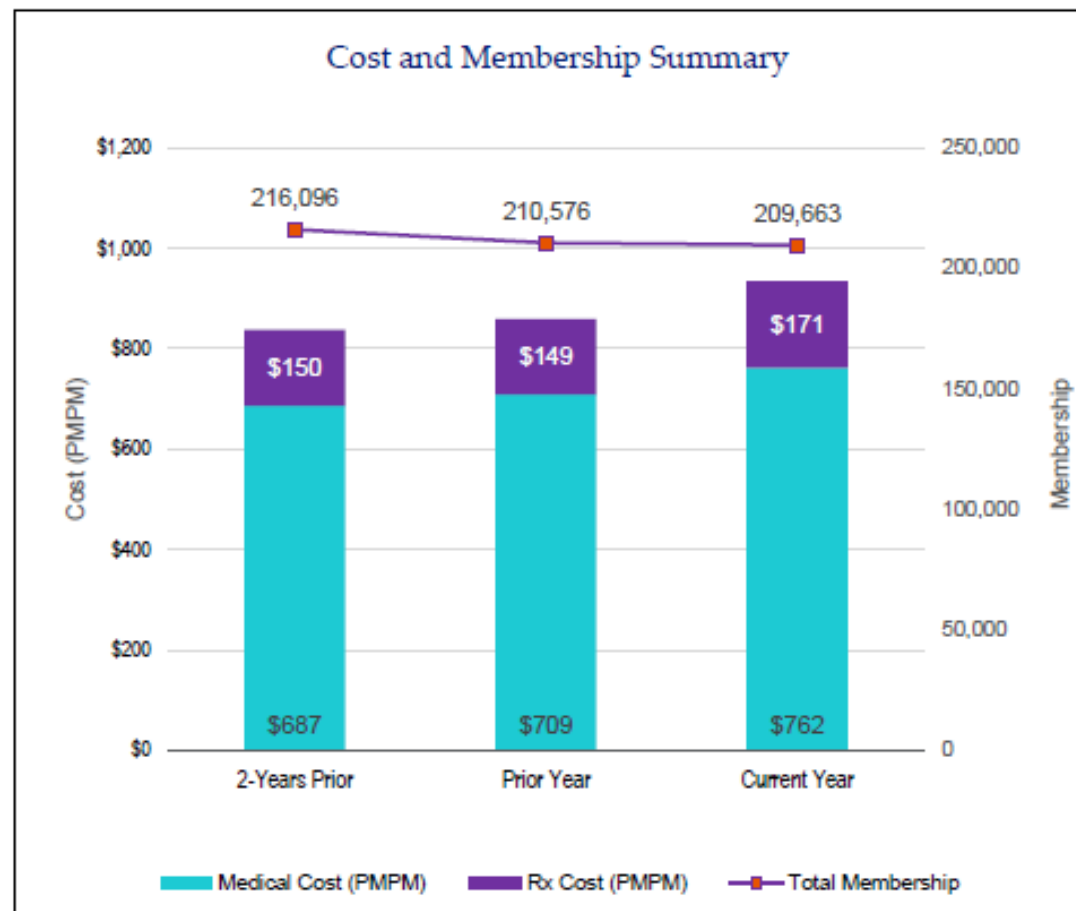
### Claims Summary<sup>1</sup>

	Total Cost (PMPM)	% of Total Cost	Current Trend
<b>Medical</b>	<b>\$762.39</b>	<b>82%</b>	<b>▲ 7.5%</b>
Inpatient Facility	\$158.03	17%	▲ 13.9%
Outpatient Facility	\$297.28	32%	▲ 6.1%
Professional Services	\$284.89	31%	▲ 5.9%
Ancillary	\$22.19	2%	▲ 3.1%
<b>Pharmacy<sup>2</sup></b>	<b>\$171.31</b>	<b>18%</b>	<b>▲ 14.8%</b>
<b>Total Cost</b>	<b>\$933.71</b>		<b>▲ 8.7%</b>

### Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$92.08	\$82.10	▲ \$9.98
Pharmacy - Specialty	\$49.82	\$39.93	▲ \$9.89
Inpatient - Medical	\$47.38	\$38.95	▲ \$8.42
Outpatient - Surgery	\$93.57	\$87.79	▲ \$5.77
Inpatient - Surgery	\$66.47	\$60.73	▲ \$5.75

### Cost and Membership Summary



#### Observations

- PMPM medical costs have increased 7.5% Year-over-Year ("YoY") and accounted for 82% of total spend.
- PMPM Rx costs have increased 14.8% YoY and accounted for 18% of total spend.
- The second table above illustrates the top 5 drivers of trend. Prescription Drugs - Brand was the top driver of spend on a PMPM basis, increasing \$9.98 PMPM over last year.

<sup>1</sup> Reflects paid claims through November 2024. Claims for the current period have been completed using a factor of 0.95

<sup>2</sup> Pharmacy costs reflect PrudentRx savings through August 2024.



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# 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](https://osc.ct.gov/ctpartner)

# Appendix

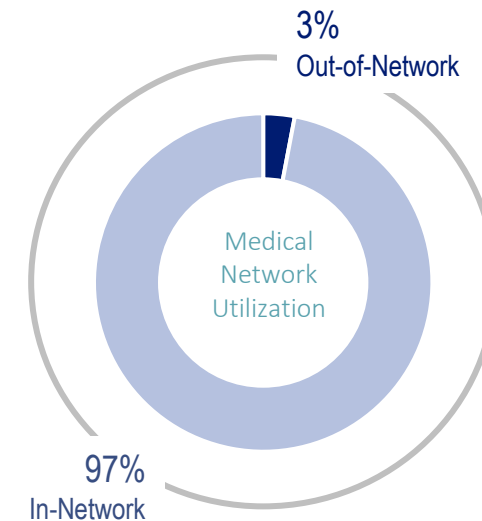
- State of CT & Partnership Utilization Dashboard
  - Key Utilization Metrics
  - Disease Prevalence
  - Care Gaps & Compliance Rates
  - High-Cost Claimants

# Actives & Non-Medicare Retirees

## All Plans

### Key Utilization Metrics

Category ( Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,021	4,857	3.4%
Preventive Services	4,427	4,569	-3.1%
Inpatient Admissions	77	68	12.8%
Average Cost Per Admission	\$24,615	\$24,369	1.0%
Emergency Room (ER) Visits	205	202	1.2%
Average ER Visit Cost	\$2,777	\$2,840	-2.2%
Urgent Care (UC) Visits	388	387	0.2%
Average UC Visit Cost	\$228	\$224	1.7%
Rx Scripts	11,843	11,592	2.2%
Average Cost <sup>1</sup> per Script	\$174	\$155	12.3%



### Observations

- Office visits per 1,000 increased 3.4% YoY, while preventive services decreased 3.1% YoY.
- Inpatient admissions per 1,000 increased 12.8% YoY, and average cost per admission remained relatively stable.
- ER visits per 1,000 increased slightly YoY, the average cost per visit decreased 2.2% YoY.
- Urgent care visits per 1,000 also increased slightly when compared to last year, and the average cost per visit increased 1.7% YoY.
- Rx scripts per 1,000 increased 2.2% YoY, and unit cost trend increased 12.3% YoY.

<sup>1</sup> Pharmacy costs reflect PrudentRx savings and other direct manufacturer savings (through July 2024).

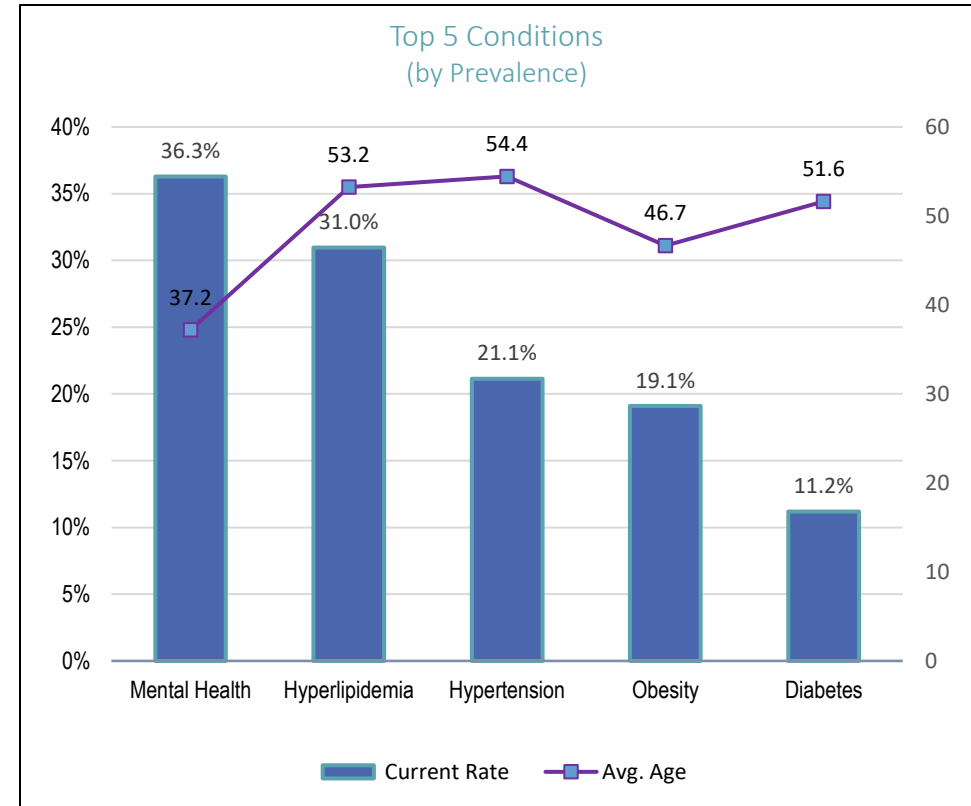


# Actives & Non-Medicare Retirees

## All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	36.3%	35.8%
Hyperlipidemia	31.0%	30.0%
Hypertension	21.1%	21.3%
Obesity	19.1%	18.2%
Diabetes	11.2%	9.5%
Asthma	7.2%	7.3%
Substance Abuse	4.0%	4.1%
Coronary Artery Disease (CAD)	3.2%	3.0%
Breast Cancer	0.9%	1.0%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Prostate Cancer	0.5%	0.5%
Congestive Heart Failure (CHF)	0.5%	0.4%
Colorectal Cancer	0.2%	0.2%
Cervical Cancer	0.0%	0.0%



### Observations

- Mental health remained the State's top disease condition with 36.3% of total members (prevalence) and has increased 0.5 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 <sup>1</sup>	F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	24,267	82%	▲ 1.8	82%	59%	41%	80%	85%
	Screening for diabetic nephropathy	24,267	61%	▼ 4.7	62%	59%	41%	60%	62%
	Screening for diabetic retinopathy	24,267	51%	▼ 2.1	25%	59%	41%	52%	50%
Hypertension	On anti-hypertensives and serum potassium	28,964	64%	▼ 0.9	61%	41%	58%	64%	64%
Hyperlipidemia	Total cholesterol testing	67,111	79%	▲ 0.7	72%	48%	52%	80%	78%
COPD	Spirometry testing	1,292	38%	▲ 2.1	26%	52%	48%	39%	38%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	7,043	40%	▼ 0.9	41%	34%	66%	32%	44%
	Patients currently taking a statin	7,043	81%	▼ 0.1	70%	34%	66%	70%	86%
Preventive Screening	Breast cancer	55,292	64%	▼ 1.6	56%	100%		64%	
	Cervical cancer	90,112	51%	▲ 0.1	46%	100%		51%	
	Colorectal cancer	71,421	53%	▼ 2.8	41%	54%	46%	56%	49%
	Prostate cancer	32,889	69%	▼ 0.1	38%		100%		69%

#### 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 decreases in all preventive screening rates.
- While most compliance rates are down YoY, the State's compliance rates remained favorable in all categories when compared to the SHAPE BoB.
- The Plan should continue to frequently communicate the value and importance of preventive screenings.

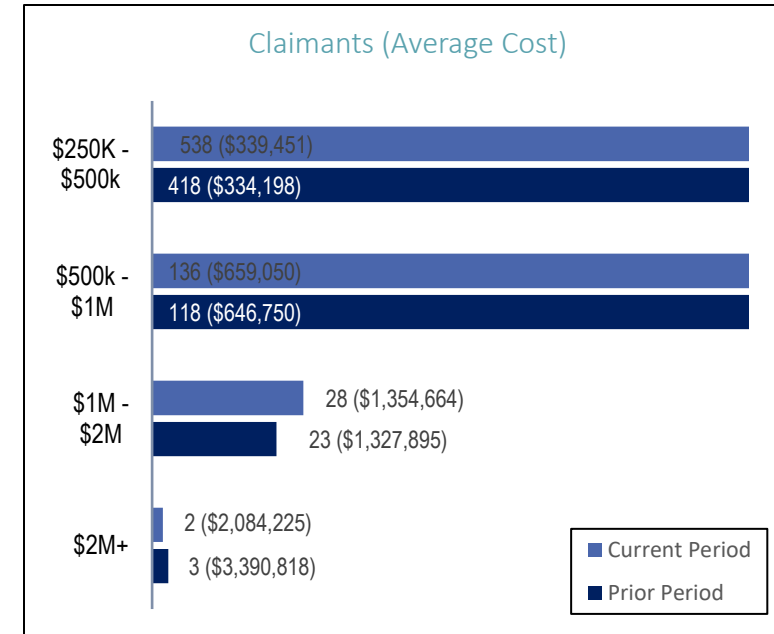
<sup>1</sup> SHAPE Book-of-Business reflects compliance rates for calendar year 2022. Compliance statistics have not been adjusted for risk or severity

# 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 <sup>1</sup>	181	\$447,179	176	\$469,436
Non-Screenable Cancer	154	\$492,904	109	\$522,156
Chronic	125	\$466,734	108	\$432,528
Rx Dominant	99	\$411,458	68	\$397,254
Screenable Cancer	83	\$385,872	72	\$437,761
Episodic w/o Underlying Health Conditions <sup>1</sup>	26	\$557,891	9	\$500,323
Mental Health	26	\$340,842	18	\$380,637
Substance Use	10	\$303,735	2	\$295,005
<b>Total High-Cost Claimants</b>	<b>704</b>	<b>\$446,526</b>	<b>562</b>	<b>\$456,806</b>



### Observations

- 704 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 562 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 26% of high-cost claimants falling into this category. Non-Screenable Cancer was the second highest category.
- Rx dominant, which reflects claimants exceeding the threshold mainly due to prescription drug costs rather than medical costs, ranked fourth.

<sup>1</sup> 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).