

CONNECTICUT PARTNERSHIP PLAN



November 2025 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- Healthy Living Programs
- COBRA: Aging-off Dependents
- Request for Proposal (RFP)
- Medicare Advantage Communications
- HEP Updates
- Quantum Health Updates
- July 1st, 2026 Rate Projection
- Financial Overview

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

Healthy Living Programs

New: Mental/Behavioral Health by *Lyra Health*

- **24/7 Care Navigators**
- App and online portal –confidentiality and convenience
- Coaching, therapy, and medication management
- In-person or telehealth appointments scheduled within 3 days of request
- Self-guided tools, education, and workshops

Diabetes Prevention Program by *Vitality*

- **New App!** 12-month group education and coaching on healthy eating and exercise. Optional healthy activity challenges, personal coaching by request, and group support
- **Next cohort starts in January;** Registration coming in December

Wellbeing Seminars by *Vitality-Wellspark*

- Chronic Condition Education
 - Not recorded for confidentiality due to the interactive format
 - 5 HEP Chronic Conditions (ie, high BP, cholesterol, Asthma, etc)
- General Wellness topics
 - 30 minutes, not recorded, offered at varying times/days

Orthopedic (MSK) virtual Care:

- **Chronic MSK** care with Hinge Health
- **Acute MSK care** with Upswing Health

Diabetes virtual Care by *Virta Health*

- **Management** for Type 1
- **Diabetes Reversal** for Type 1 or Type 2

For more information: <https://carecompass.ct.gov/healthy-living/>

COBRA: Aging off Dependents

- As a reminder, dependents who turn 26 will be automatically terminated for coverage as of 12/31/25 for medical/Rx and dental/vision, if applicable.
 - COBRA letters will automatically be sent for groups with SPP dental/vision
- For those with dental/vision outside of the Partnership, you will continue to trigger the COBRA letters on your own, as you have in previous years.
 - We will be sending out emails to you clarifying which list we have you on – let us know of any discrepancies

RFP (Request for Proposal)

- Medical
 - Currently under review for Medical and the plan Care Coordinator
 - A final decision will be made around February 2026
- Medicare (if applicable)
 - The RFP is closed
 - As of 1/1/26, Aetna will continue to be the Medicare Advantage carrier

Medicare Advantage Communications

- Throughout October, we held various in-person and virtual OE meetings for Partnership & State retirees
- Retirees have received an announcement letter and plan guide communicating the upcoming changes for 1/1/26
- Retirees will receive a new medical ID card and a new pharmacy ID card by mid-December
- As we get closer to Jan 1st, members will also receive welcome kits that include information on benefits, programs and more
- Retiree communications can be found on ct.aetnamedicare.com

HEP Update

Upcoming Communications

- 2025 Non-compliance Letter #2: 11/7-11/12 (included dependents)
- 2025 Non-compliance email #2: 11/18-11/20
- 2025 Non-compliance email #3: 12/16-12/18
- Additional communications to be sent in 2026

2024

Total Eligible Households: 22,915		As of 11/17/2025		Total Eligible Participants: 49,388		As of 11/17/2025	
Compliant		20,447 (89.2%)		Compliant		46,049 (93.2%)	
Non-Compliant		2,468 (10.8%)		Non-Compliant		3,339 (6.8%)	

2025

Total Eligible Households: 25,472		As of 11/17/2025		Total Eligible Participants: 60,040		As of 11/17/2025	
Compliant		14,553 (57.1%)		Compliant		44,909 (74.7%)	
Non-Compliant		10,919 (42.9%)		Non-Compliant		15,131 (25.3%)	

Quantum Health Updates

Contacts

- Escalated Member Issues & Benefits Questions:
 - StateofCT@quantum-health.com
- HEP & General Account Questions:
 - Ariana.Sisti@quantum-health.com
- Eligibility Issues:
 - sppmembership@anthem.com

Coming Soon

- New member website & app launching 1/5/26
- Enhanced event request process

Quantum Health Updates Cont.

CARE COMPASS

Quantum HEALTH

Search

(833) 740-3258

Hours of Operation: 8:30 a.m. - 10 p.m. ET, Monday - Friday

Connect

Home

Plan

Claims

Care

More

Notifications

Messages

Schedule a Call

Profile & Settings

Log Out

Hi Standard Access - HEP,

View Notifications

View ID Card

Search for in-network providers

Search for high-quality, in-network doctors and hospitals. For select procedures, choose a Provider of Distinction and you could earn a gift card.

Search

Recent Claims ⓘ

View Claim History

Service Date	Status	You May Owe
11/15/2025 Phenytoin Sodium	In Progress	\$8.10
11/07/2025 Dr. Sally James	In Progress	\$123.43
11/05/2025 Dr. Sally James	In Progress	
11/05/2025 Dr. Henry Williams	In Progress	

UPSWING HEALTH

Hinge Health

Program Progress

100%

Complete

! Progress shown reflects the combined status of all eligible participants in this program.

- Launches 1/5/26
- Enhanced Features
- Members will have to re-register
- Letters will be sent Dec & Jan to plan members

COMING JAN.
2026

SAY HELLO

to a better benefits experience

Easily access your ID card, chat with a Care Coordinator and see your messages.

Check your messages or contact a Care Coordinator.

Use the menu to see everything available and access your **Health Enhancement Program (HEP)** status.

Review healthcare costs and see all your benefits.

Get up-to-date medical claims, deductible statuses and healthcare spending information.

Search for in-network providers, Healthy Living Programs and Providers of Distinction rewards.



IT'S EASIER THAN EVER

to access your HEP status, medical claims, benefits and so much more



Scan the
QR code

Download the
new Quantum
Health app.



Download on the
App Store

GET IT ON
Google Play

If you have an existing account, you'll need to update your login information due to recent security enhancements. This one-time process should take just a few minutes.

Beginning Jan. 5, 2026: Get started at carecompass.ct.gov or scan the QR code above to download the Quantum Health app.

July 1st, 2026 Rate Projection

- 7/1/26 medical/Rx 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%

The background image is a dark, atmospheric photograph of a bridge at night. The bridge's steel truss structure is silhouetted against a deep blue sky. Warm, yellowish-orange lights from the bridge and surrounding city buildings are visible, and their reflections are clearly seen in the calm water in the foreground. The overall mood is serene and professional.

Financial Overview

Actives & Non-Medicare Retirees

All Plans

Utilization Dashboard

Current Period: Aug 2024 – Jul 2025
Prior Period: Aug 2023 – Jul 2024

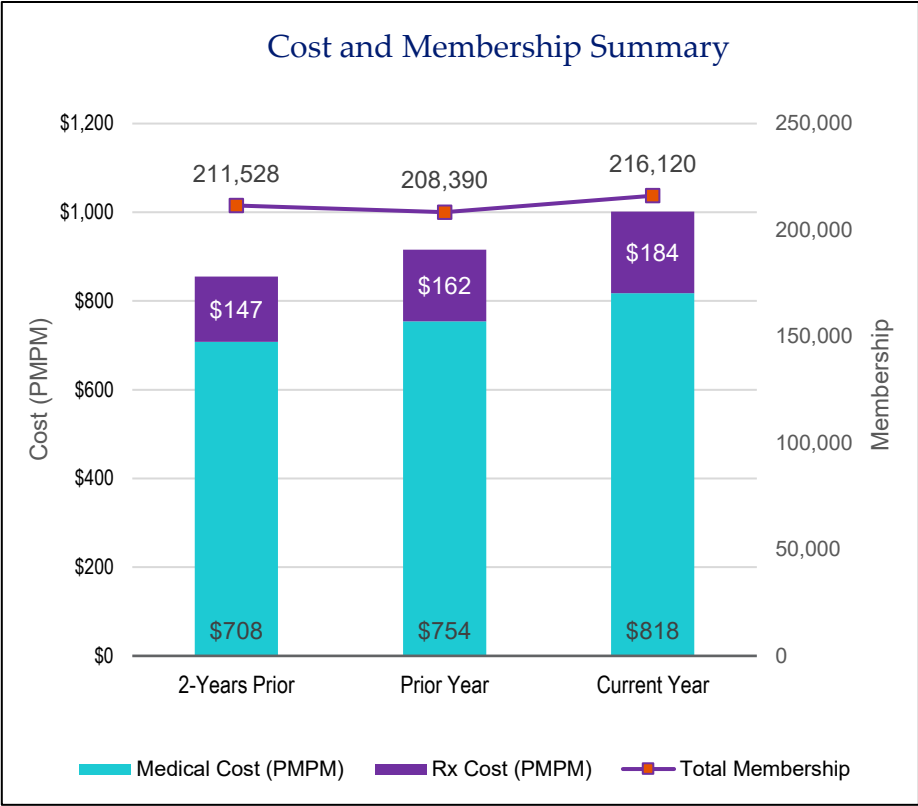
Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$817.65	82%	▲ 8.4%
Inpatient Facility	\$164.10	16%	▲ 5.3%
Outpatient Facility	\$319.30	32%	▲ 9.7%
Professional Services	\$313.24	31%	▲ 10.0%
Ancillary	\$21.01	2%	▼ 6.6%
Pharmacy²	\$184.04	18%	▲ 13.7%
Total Cost	\$1,001.69		▲ 9.4%

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Pharmacy - Specialty	\$68.16	\$42.39	▲ \$25.77
Outpatient - Pharmacy	\$103.52	\$92.08	▲ \$11.44
Outpatient - Surgery	\$59.69	\$51.90	▲ \$7.79
Professional -E&M	\$22.28	\$29.37	▼ \$7.09
Prescription Drugs - Brand	\$60.87	\$54.44	▲ \$6.43

Cost and Membership Summary



Observations

- PMPM medical costs have increased 8.4% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 13.7% 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 \$25.77 PMPM over last year.

¹ Reflects paid claims through September 2025. Claims for the current period have been completed using a factor of 0.95

² Pharmacy costs reflect PrudentRx savings through September 2025.

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

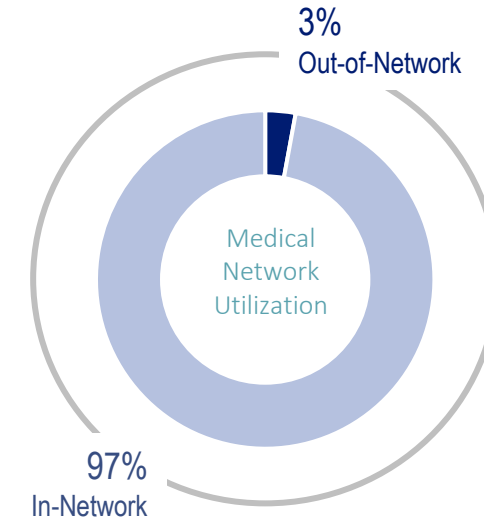
- State of CT & Partnership Utilization Dashboard
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants

Actives & Non-Medicare Retirees

All Plans

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,181	4,964	4.4%
Preventive Services	4,393	4,466	-1.6%
Inpatient Admissions	80	74	8.0%
Average Cost Per Admission	\$24,532	\$25,160	-2.5%
Emergency Room (ER) Visits	204	201	1.5%
Average ER Visit Cost	\$2,986	\$2,740	9.0%
Urgent Care (UC) Visits	393	403	-2.7%
Average UC Visit Cost	\$250	\$227	10.3%
Rx Scripts	12,071	11,784	2.4%
Average Cost ¹ per Script	\$183	\$165	11.0%



Observations

- Office visits per 1,000 increased 4.4% YoY, while preventive services decreased 1.6% YoY.
- Inpatient admissions per 1,000 increased 8.0% YoY, however average cost per admission decreased 2.5% YoY.
- ER visits per 1,000 increased 1.5% YoY, and the average cost per visit increased 9.0% YoY.
- Urgent care visits per 1,000 decreased 2.7% YoY, while the average cost per visit increased 10.3% YoY.
- Rx scripts per 1,000 increased 2.4% YoY, and unit cost trend increased 11.0% YoY.

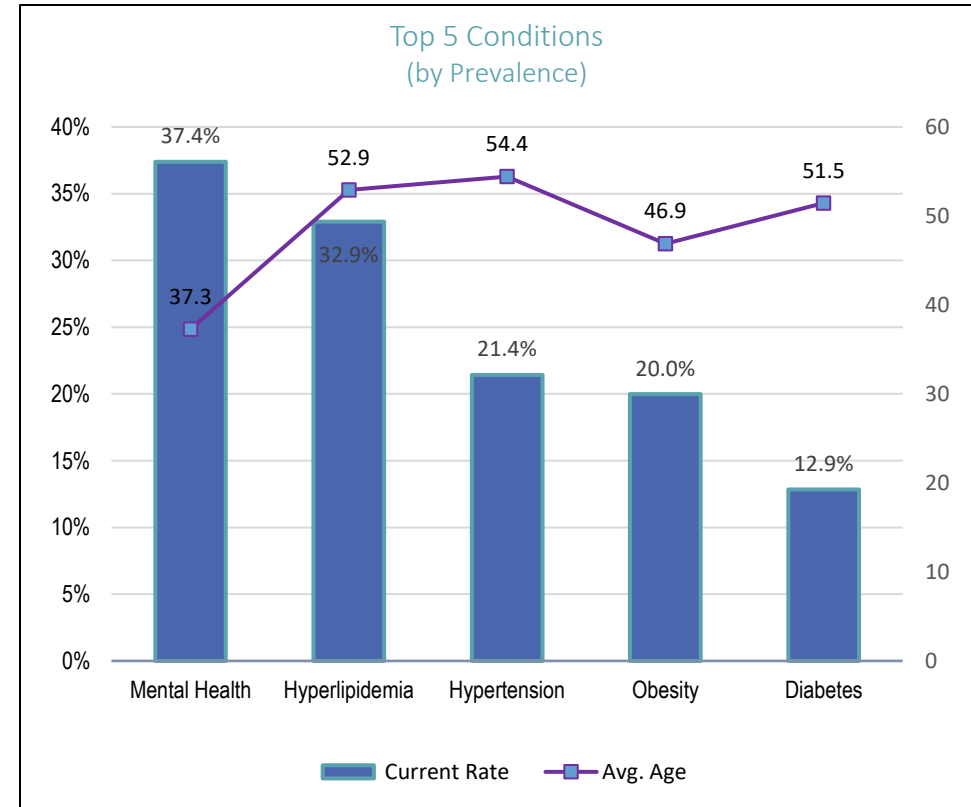
¹ Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	37.4%	36.2%
Hyperlipidemia	32.9%	30.8%
Hypertension	21.4%	21.2%
Obesity	20.0%	18.9%
Diabetes	12.9%	10.9%
Asthma	7.2%	7.2%
Substance Abuse	3.9%	4.0%
Coronary Artery Disease (CAD)	3.7%	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 37.4% of total members (prevalence) and has increased 1.2 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	28,554	85%	▲ 2.7	82%	60%	40%	84%	87%
	Screening for diabetic nephropathy	28,554	62%	▲ 0.5	62%	60%	40%	61%	63%
	Screening for diabetic retinopathy	28,539	51%	▼ 0.9	25%	60%	40%	51%	50%
Hypertension	On anti-hypertensives and serum potassium	31,590	63%	▼ 2.0	61%	42%	58%	62%	63%
Hyperlipidemia	Total cholesterol testing	73,073	81%	▲ 1.4	72%	49%	51%	83%	79%
COPD	Spirometry testing	1,283	35%	▼ 1.8	26%	52%	48%	34%	36%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	8,190	39%	▼ 0.5	41%	34%	66%	31%	43%
	Patients currently taking a statin	8,196	82%	▲ 1.1	70%	34%	66%	72%	87%
Preventive Screening	Breast cancer	56,995	70%	▲ 6.5	56%	100%		70%	
	Cervical cancer	92,221	52%	▲ 0.6	46%	100%		52%	
	Colorectal cancer	73,378	51%	▼ 2.6	41%	54%	46%	54%	47%
	Prostate cancer	33,745	70%	▲ 0.9	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.

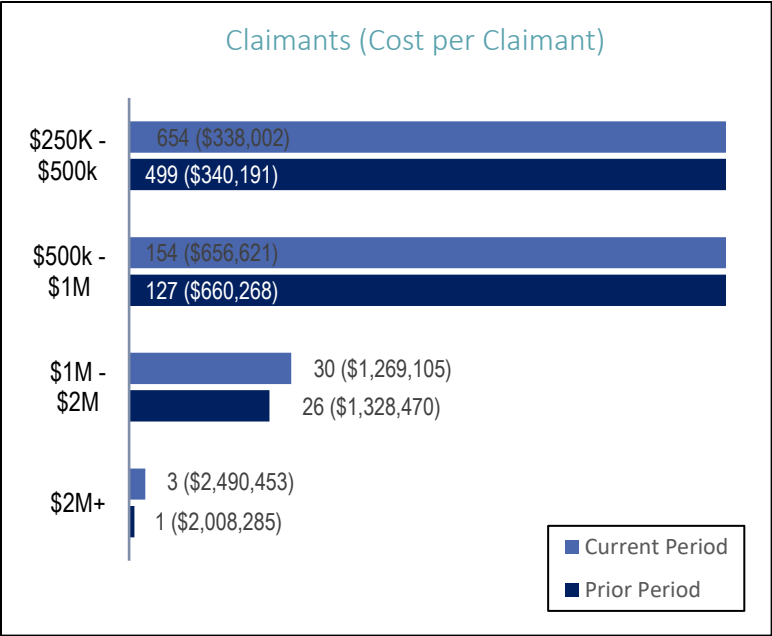
¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2023 Compliance statistics have not been adjusted for risk or severity

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	211	\$466,158	165	\$463,339
Chronic	172	\$412,898	145	\$435,871
Non-Screenable Cancer	165	\$479,519	129	\$505,117
Rx Dominant	126	\$392,452	87	\$409,854
Screenable Cancer	102	\$404,969	84	\$385,629
Episodic w/o Underlying Health Conditions ¹	28	\$528,378	17	\$520,754
Mental Health	25	\$377,321	20	\$328,147
Substance Use	12	\$352,929	6	\$313,308
Total High-Cost Members	841	\$437,238	653	\$444,346



Observations

- 841 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 653 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 25% 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 fourth.

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).