

CONNECTICUT
PARTNERSHIP PLAN



November 2024 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- HEP Compliance
- COBRA: Aging off Dependents
- Provider Look-up Tool
- Quantum: Performance Review
- July 1st, 2025 Rate Projection
- Financial Overview

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

Thank you.

HEP Compliance

- 2024 HEP Compliance year is coming to a close
- Non-compliant members received their second communication on their missing requirements in the first half of November and a third communication will be sent in mid-December
- If a member has completed their requirements, but is listed as non-compliant, please have them contact Quantum Health (833-740-3258)
 - Please keep in mind, claim processing for HEP compliance can take up to 60 days

Total Compliance - Partnership

2024 HEP Throughout the Year

Total Households: 23,010	5/2/24	6/4/24	8/7/24	9/4/24	10/4/24	11/4/24
Compliant	2,855 (13%)	4,462 (20%)	7,358 (32%)	8,451 (37%)	11,047 (48.0%)	12,673 (55.0%)
Non-Compliant	19,537 (87%)	18,464 (80%)	15,599 (68%)	14,474 (43%)	11,964 (52.0%)	10,368 (45.0%)

Total Participants: 49,490	5/2/24	6/4/24	8/7/24	9/4/24	10/4/24	11/4/24
Compliant	13,637 (29%)	18,083 (37%)	25,162 (51%)	27,434 (56%)	32,460 (65.5%)	35,089 (70.7%)
Non-Compliant	34,205 (71%)	30,828 (63%)	24,040 (49%)	21,841 (44%)	17,031 (34.5%)	14,517 (29.3%)

COBRA: Aging off Dependents

- As a reminder, dependents who turn 26 will be automatically terminated for coverage as of 12/31/24 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 issue 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

Provider Look-up Tool

- New features:
 - Provider Ratings
 - Text/Email a provider profile to yourself
 - Clinical Health Program pop-ups associated with condition searches
 - Providers of Distinction and Site of Service filters
- All accessible on the MyQHealth app!

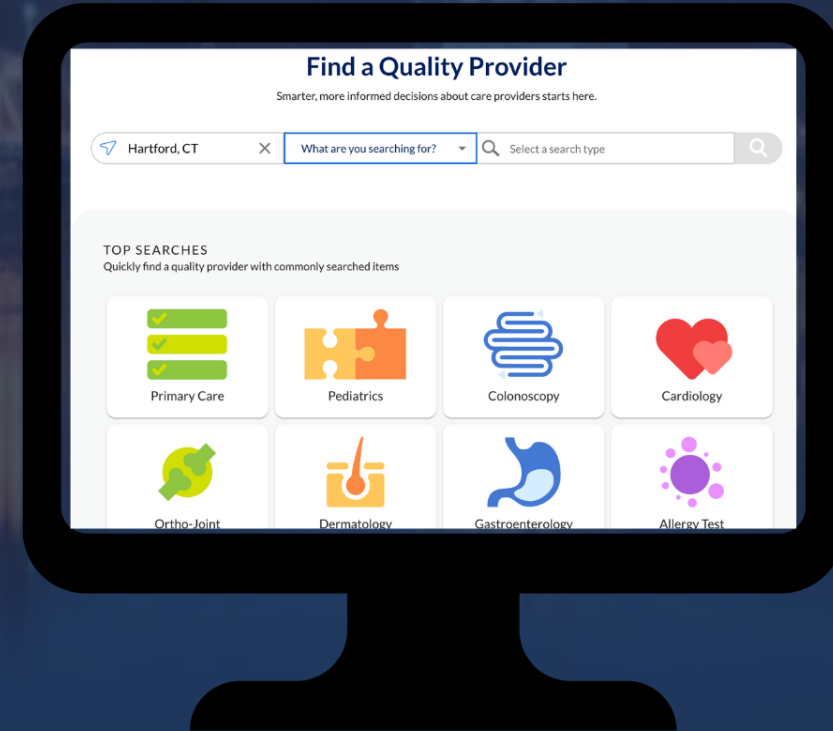
Where to Search:

1. Member, Login Search Tool:

- Log in to the benefits portal from the [SPP website](#) or MyQHealth app
- Click My Plan then Find Provider
- Includes all features listed above for a personalized experience

2. No-Login Search Tool (Not recommended for enrolled members):

- Go to the SPP website: www.osc.ct.gov/ctpartner
- Click Expanded Access (POS) Lookup Tool under Find Providers
- Available to public/limited features provided



Quantum Health Performance Review

State Partnership Plan

November 18, 2024

State of Connecticut Partnership Groups: Highlights and Insights

Partnership Member Engagement & Clinical Outreach Success

- 62% Member Engagement
- 99% Engaged with High-Cost Claimants (\$100K+)
- 96% of the population eligible for clinical outreach are engaged

Partnership Delivering Value through Quantum Health

- 92% of total claims dollars managed by Quantum Health
- 79% of the high-cost claimants had a Real-time Intercept
- 75 Overall Member NPS Score

Overall Top Conditions by Cost & Prevalence

- Largest Spend: Cancer, Mental Health and Gastrointestinal
- Top Conditions (Prevalence): Health Status/Encounters, Mental Health and Musculoskeletal

“I am calling to sing the praises of Tanisia. **She quite literally saved my husband's life**, by her advocacy and her help”



Providing a single healthcare and benefits navigation platform



Driving proactive, ongoing member engagement



Effectively managing costs with Real-Time Intercept®

Experience Impact

Building connections and trust for a better healthcare experience

3.4

Average engagements
per member

1.4

Topics per
conversation

9.5

Average engagements
per provider

74

Member Net Promoter Score

Industry average: 30

Why it
matters

We develop trust and provide expert guidance by anticipating underlying needs and addressing questions and concerns members might not realize they have.

"I wanted to give recognition to Tammy Colburn as she went **above and beyond**. There is a doctor I to see who is in network with the plan but ran into some issues with claims being out of network. She **went out of her way** to call the doctor's office to verify their new address, network status, and to help with the claims. I really appreciate that she went the extra mile for me!"

"Teri was fantastic. We need more people like her! I appreciate all her help today."

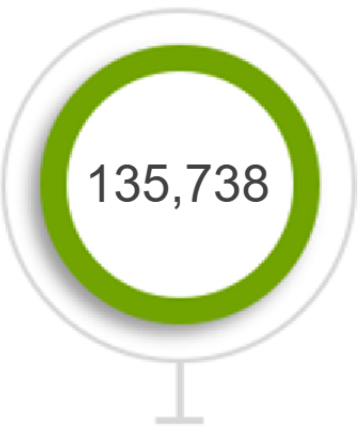
"I had the pleasure of speaking with Care Coordinator Kareli today, and her assistance was **truly exceptional**. With remarkable efficiency, she reached out to various individuals and successfully **resolved my issue in a single phone call**. Despite my initial apprehension about the call, Kareli's professionalism made the process seamless and enlightening, as she imparted valuable knowledge during our interaction. I am sincerely grateful for her outstanding support."

Modes of Engagement

Telephonic



AI Assisted
Provider Call



Warrior Calls

Digital Experience



Secure Message



Self Service



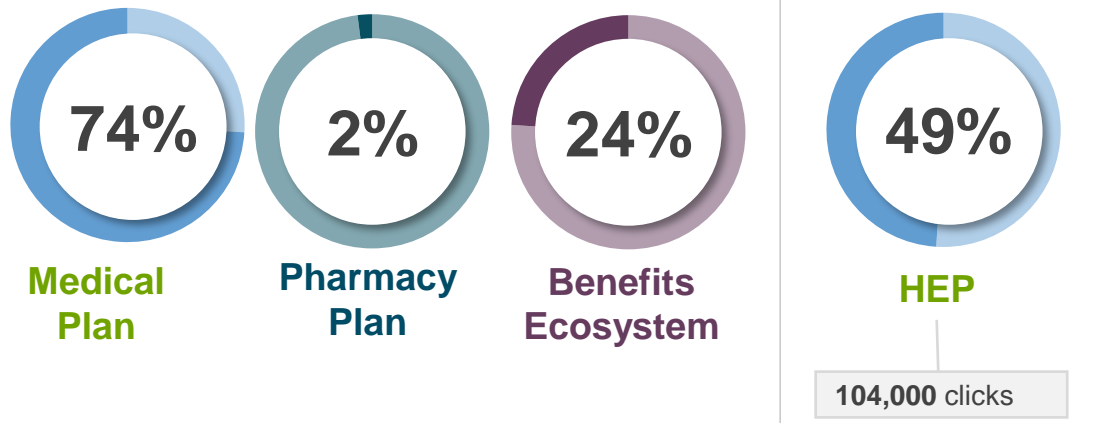
Chat

- Most used sections:**
- Claims
 - Find provider
 - Benefits

Metrics are based upon activity count, not a distinct member count
Emails and Faxes are included in Secure Messages
This report includes member, provider, and partner activities

Member Engagement Topics

Insights from your Quantum Health Pod



Why it matters

Your Quantum Health Pod develops trusted relationships with you members and have unique insights into how your population experiences healthcare and benefits.

Top Benefits Quoted

1. Networks
2. Deductible/Out of Pocket
3. Office Visits
4. Diagnostic Services
5. Surgery

Top Referrals

1. Flyte: **67% of engagement referred by QH**
2. Anthem LiveHealth
3. Upswing **65% of engagement referred by QH**
4. Virta Health **13% of engagement referred by QH**
5. Providers of Distinction

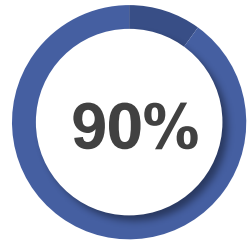
Hot Topics For Your Members

- Submitting claims through the Anthem Portal
- Lab services at New Haven Hospital
- Claims processing incorrectly through Anthem

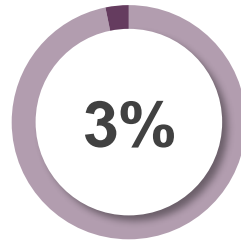
Utilization Management Overview

Streamlining utilization management for providers and members

191,680
Authorizations Processed



**Authorization
Approval Rate**



**Approved Out-of-
Network Authorizations**

7,565
Completed
Concurrent Review

2,667
Completed Physician
Review

101
Provider Redirection

Top Authorization Approvals

1. Cancer - colon
2. Pulmonary testing
3. Gastrointestinal testing

Top Authorization Denials

1. Chronic conditions cardiac
2. Cardiac episodes
3. Pulmonary testing

Insights

- Consider authorizations for developmental delay
- Prior Auth requirement for genetic testing has improved the member experience
- Out-of-Network Authorizations are around PT and Sleep Apnea appliances
- 22 appeals overturned due to receiving more information
- 49 appeals member-initiated and 105 provider-initiated

Why it matters

Quantum Health's utilization management ensures that members receive the right care at the right time, reducing unnecessary treatments and costs.

Real-Time Intercept[®] Opportunities to Impact

Quantum Health engages and intervenes earlier to drive better outcomes



25,078 members engaged through Real-Time Intercept[®],
50 days prior to the claims trigger month on average

Top Diagnosis	Cost (PMPM)
Cancer	\$788
Gastrointestinal	\$569
Musculoskeletal	\$506
Neurological	\$429
Mental Health	\$425
Cardiac	\$423

3.7
Average engagements per member

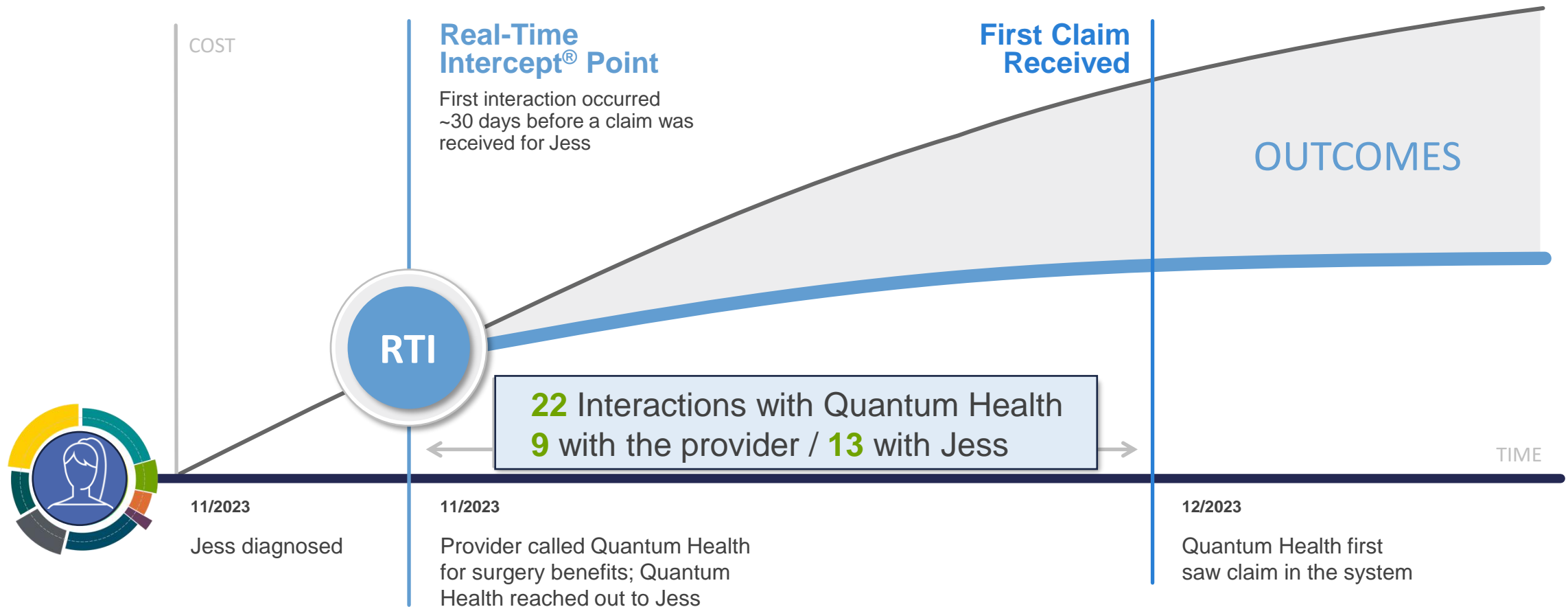
2.3
Average authorizations per member

6.4
Average engagements per provider

Utilization Prior to Trigger Month	Visits
Emergency Department	9,764
Urgent Care	6,242
Outpatient Surgery	13,835
Office Visit	130,559

RTI helps deliver improved clinical and financial outcomes

Guiding Jess through a cancer diagnosis 22 times before the first claims



Utilization Trends

Navigation leads to better healthcare utilization

DRIVING APPROPRIATE UTILIZATION

94.1% HEP 2023	86.9% Primary Care Relationship	99% Claims Spend In-Network
27.4% Urgent Care Use	5.5% ER Use	2.0% Telehealth Use

REDUCING WASTEFUL UTILIZATION

(3.1%) Mental Health Admissions	(10.0%) Average Length of Stay	(4.4%) Inpatient Days
(29.4%) CT Scans	(10.2%) SNF Days	(2.1%) MRI Scan

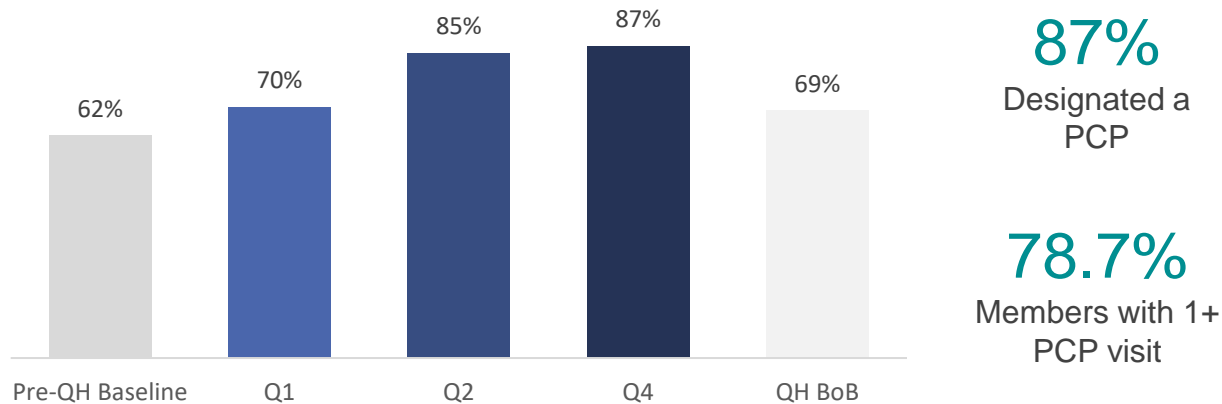
Primary Care Provider Utilization

Encouraging primary care providers and routine care

THE IMPORTANCE OF A PCP RELATIONSHIP

$$\begin{array}{rcccl}
 20,896 & \times & \$565 & = & \$11.8M \\
 \text{Members with a new} & & \text{Estimated excess costs} & & \text{Estimated costs avoided related} \\
 \text{PCP relationship} & & \text{avoided due to PCP use} & & \text{to new PCP relationships}
 \end{array}$$

MEMBERS WITH A PCP RELATIONSHIP



Insights

- PCP utilization helps to ensure timely specialist care and appropriate referrals, leading to using healthcare more efficiently.
- Regular visits to the PCP helps with early detection of health issues
- PCP utilization can help with managing chronic conditions & the continuity of care
- Members utilizing the ER only 6.1% don't have PCP
- Members utilizing Urgent Care, only 10.4% don't have a PCP

Chronic Condition Support

Clinical care coordination helps close care gaps

Condition	Standard of Care Adherence	Compared to Benchmark	Commercial Benchmark
Asthma	85.3%	+2.9%	82.3%
COPD	45%	+12.4%	32.5%
CAD	61.2%	+9.3%	52%
Diabetes	79.7%	+15.6%	64.1%
Hyperlipidemia	88%	+9.5%	78.5%
Hypertension	84.7%	+13.1%	71.6%

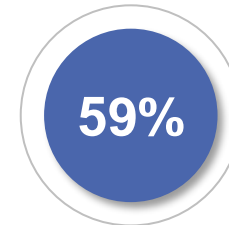
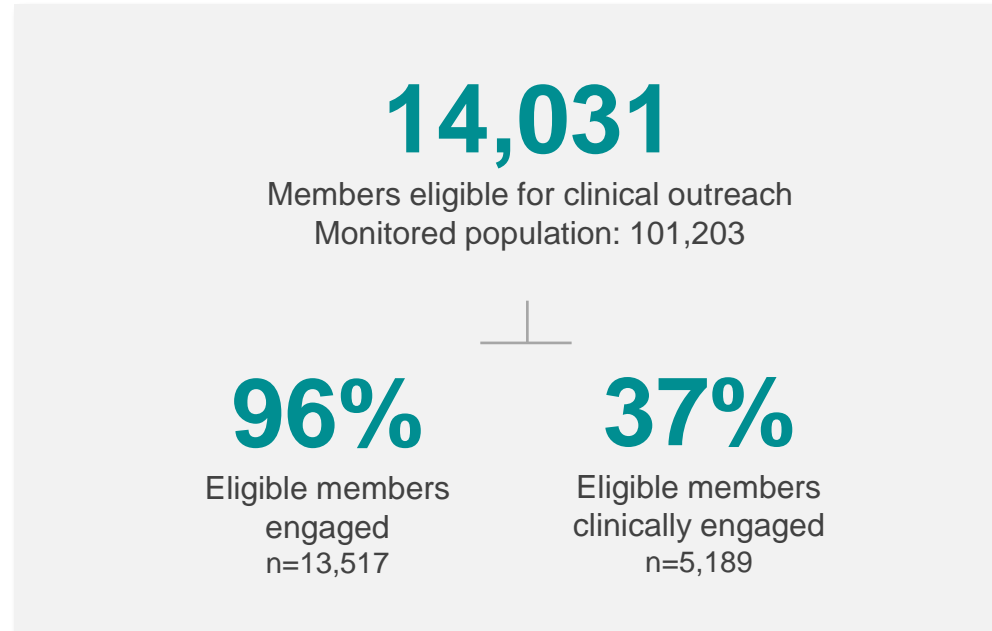
Condition	Count	Eligible for Clinical Outreach	% Engaged	% Clinical Engaged	% with PCP	Prevalence per 1,000
Asthma/COPD	19,047	2,630	97.8%	44.3%	97.7%	91.17
CAD/CHF	6,294	3,153	96.5%	40.4%	98.3%	30.13
Diabetes	14,108	4,495	94.2%	36.5%	95.8%	67.53
Hyperlipidemia	47,576	4,602	97.7%	41.5%	99.3%	227.73
Hypertension	37,175	6,185	97.5%	40.6%	99.0%	177.94

Insights

- High Engagement illustrates successful outreach and management efforts
- Hyperlipidemia and Hypertension are the most prevalent within the population
- Continue to focus on the continuity of care
- Encouraging members to manage their conditions

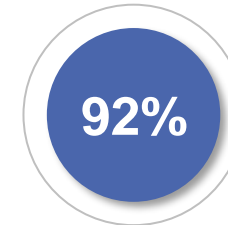
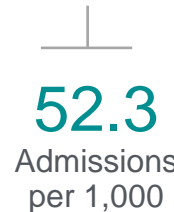
Clinical Intervention

Early, ongoing engagement improves clinical outcomes

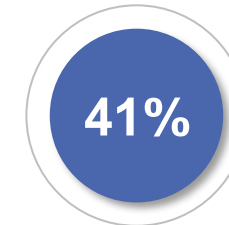


Pre-Admission Conversations

Attempted: 100%

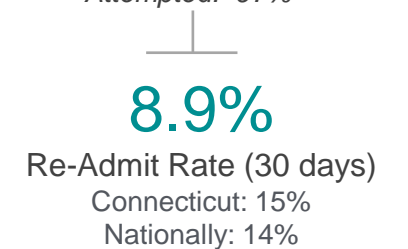


Utilization Management Concurrent Reviews



Post-Discharge Conversations

Attempted: 97%



Insights

- Top Readmission Conditions: Chemo, Mental Health and Sepsis
 - Consider enhanced coordination for mental health
 - Consider PPOM/ECR
- Opportunity to improve post-discharge engagement

July 1st, 2025 Rate Projection

- 7/1/25 medical/Rx base rate renewal projection is between 8 – 10%
- Regional rate adjustments will also be factored into the above with a current range of -3% to +2% depending on the county
 - 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
- An updated renewal projection will be provided again in January

The background is a dark blue, monochromatic image of a bridge at night. The bridge's structure is visible, with several lights glowing from its supports. These lights are reflected in the water below, creating a shimmering effect. The overall scene is quiet and atmospheric, with a focus on light and reflection.

Financial Overview

Actives & Non-Medicare Retirees All Plans

Utilization Dashboard
Current Period: Incurred Aug 2023 – Jul 2024
Prior Period: Incurred Aug 2022 – Jul 2023

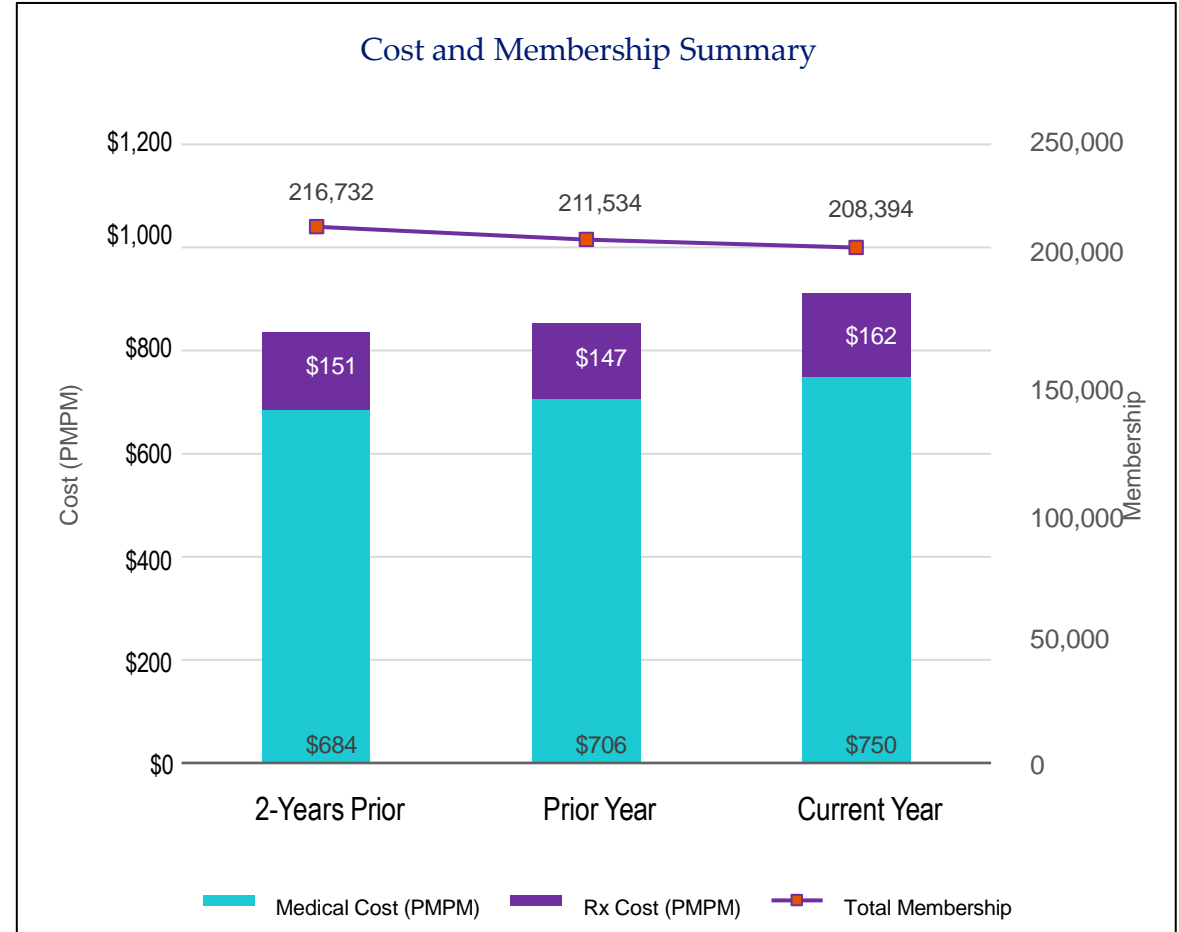
Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$750.15	82%	▲ 6.3%
Inpatient Facility	\$151.66	17%	▲ 9.9%
Outpatient Facility	\$294.55	32%	▲ 5.5%
Professional Services	\$281.59	31%	▲ 5.3%
Ancillary	\$22.35	2%	▲ 5.1%
Pharmacy²	\$161.87	18%	▲ 10.0%
Total Cost	\$912.02		▲ 6.9%

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$90.01	\$80.27	▲ \$9.74
Inpatient - Medical	\$45.91	\$38.25	▲ \$7.66
Outpatient - Surgery	\$93.35	\$86.42	▲ \$6.92
Inpatient - Surgery	\$65.49	\$60.74	▲ \$4.75
Outpatient - Pharmacy	\$54.86	\$50.73	▲ \$4.13

Cost and Membership Summary



Observations

- PMPM medical costs have increased 6.3% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 10.0% 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 \$9.74 PMPM over last year.

¹ Reflects paid claims through September 2024. Claims for the current period have been completed using a factor of 0.95
² Pharmacy costs reflect PrudentRx savings.

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

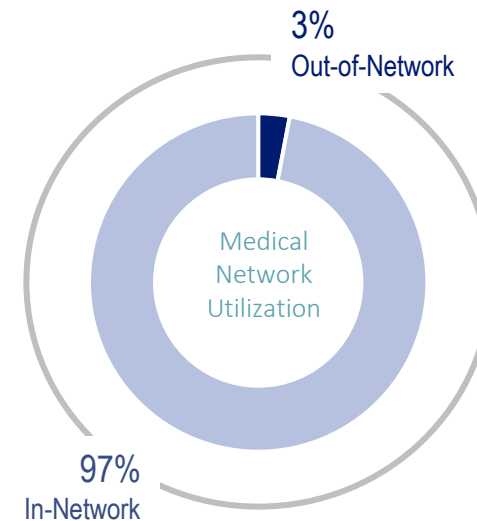
- State of CT & Partnership Utilization Dashboard
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants
- Quantum Health
 - ER User by Frequency
 - Top Conditions by Prevalence
 - Top 10 Conditions by Cost

Actives & Non-Medicare Retirees

All Plans

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	4,971	4,864	2.2%
Preventive Services	4,465	4,618	-3.3%
Inpatient Admissions	76	68	12.3%
Average Cost Per Admission	\$23,987	\$24,508	-2.1%
Emergency Room (ER) Visits	204	202	1.1%
Average ER Visit Cost	\$2,746	\$2,873	-4.4%
Urgent Care (UC) Visits	407	391	4.1%
Average UC Visit Cost	\$227	\$225	0.6%
Rx Scripts	11,781	11,613	1.4%
Average Cost ¹ per Script	\$165	\$152	8.4%



Observations

- Office visits per 1,000 increased 2.2% YoY, while preventive services decreased 3.3% YoY.
- Inpatient admissions per 1,000 increased 12.3% YoY, however average cost per admission decreased 2.1% YoY.
- ER visits per 1,000 increased 1.1% when compared to last year, the average cost per visit decreased 4.4% YoY.
- Urgent care visits per 1,000 increased 4.1% YoY, while the average cost per visit remained relatively stable.
- Rx scripts per 1,000 increased 1.4% YoY, unit cost trend increased 8.4%.

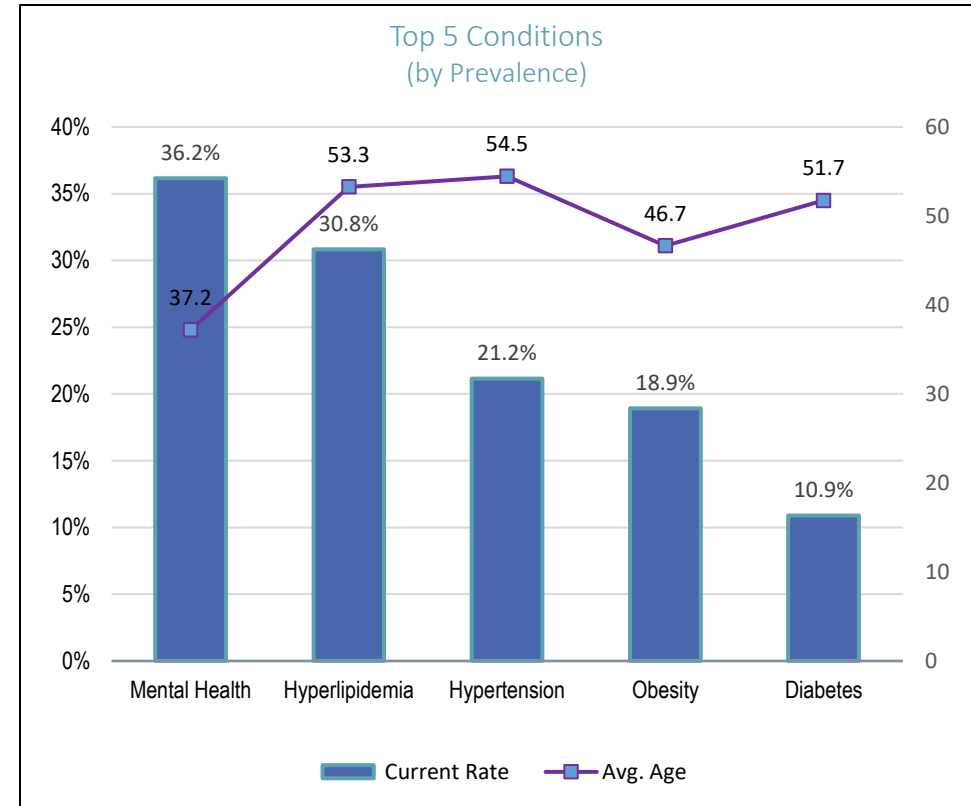
¹ Pharmacy costs reflect PrudentRx savings and other direct manufacturer savings.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	36.2%	35.9%
Hyperlipidemia	30.8%	29.9%
Hypertension	21.2%	21.3%
Obesity	18.9%	18.1%
Diabetes	10.9%	9.3%
Asthma	7.2%	7.3%
Substance Abuse	4.0%	4.2%
Coronary Artery Disease (CAD)	3.2%	2.9%
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 36.2% of total members (prevalence) and has increased 0.3 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	23,508	82%	▲ 1.2	82%	59%	41%	80%	85%
	Screening for diabetic nephropathy	23,508	62%	▼ 5.1	62%	59%	41%	60%	63%
	Screening for diabetic retinopathy	23,508	52%	▼ 2.2	25%	59%	41%	52%	51%
Hypertension	On anti-hypertensives and serum potassium	28,694	65%	▼ 0.2	61%	42%	58%	65%	65%
Hyperlipidemia	Total cholesterol testing	66,562	80%	▼ 0.1	72%	49%	51%	80%	79%
COPD	Spirometry testing	1,296	37%	▲ 0.4	26%	53%	47%	37%	36%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,920	39%	▼ 1.4	41%	33%	67%	32%	43%
	Patients currently taking a statin	6,920	81%	▼ 0.0	70%	33%	67%	70%	86%
Preventive Screening	Breast cancer	55,392	63%	▼ 4.1	56%	100%		63%	
	Cervical cancer	89,684	52%	▼ 1.0	46%	100%		52%	
	Colorectal cancer	71,687	53%	▼ 2.8	41%	54%	46%	57%	49%
	Prostate cancer	33,011	69%	▼ 0.8	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.

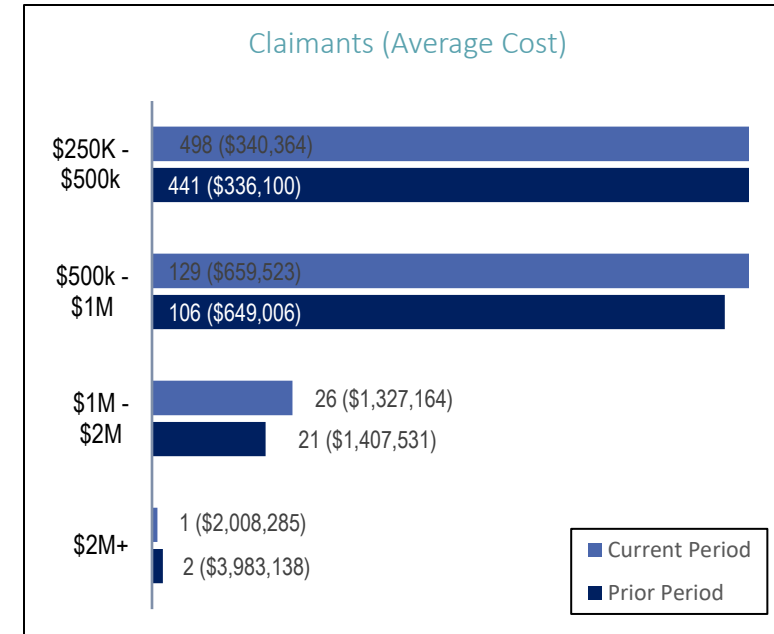
¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2022. Compliance statistics have not been adjusted for risk or severity

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 ¹	176	\$452,862	174	\$456,344
Chronic	130	\$441,087	103	\$449,499
Non-Screenable Cancer	130	\$505,277	109	\$499,082
Rx Dominant	87	\$409,464	66	\$394,898
Screenable Cancer	84	\$385,629	89	\$414,282
Episodic w/o Underlying Health Conditions ¹	21	\$566,897	8	\$526,847
Mental Health	20	\$328,131	18	\$352,198
Substance Use Disorder	6	\$313,308	3	\$316,115
Total High-Cost Claimants	654	\$445,099	570	\$446,560



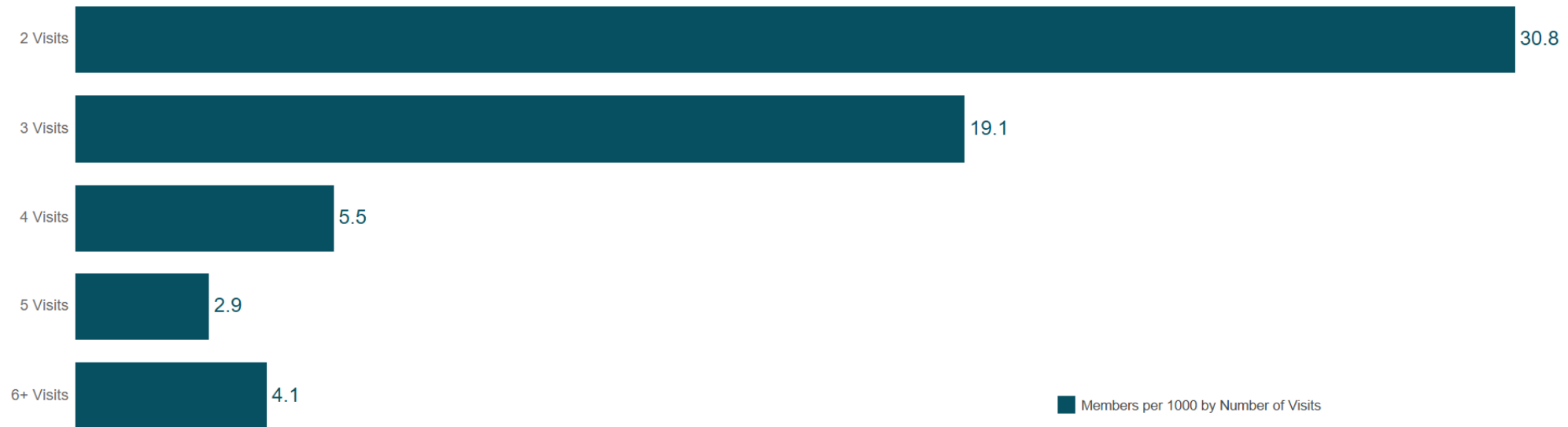
Observations

- 654 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 570 in the prior period.
- Episodic with underlying health conditions was the top category with about 27% 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).

ER User Frequency

Intervening on frequent flyers

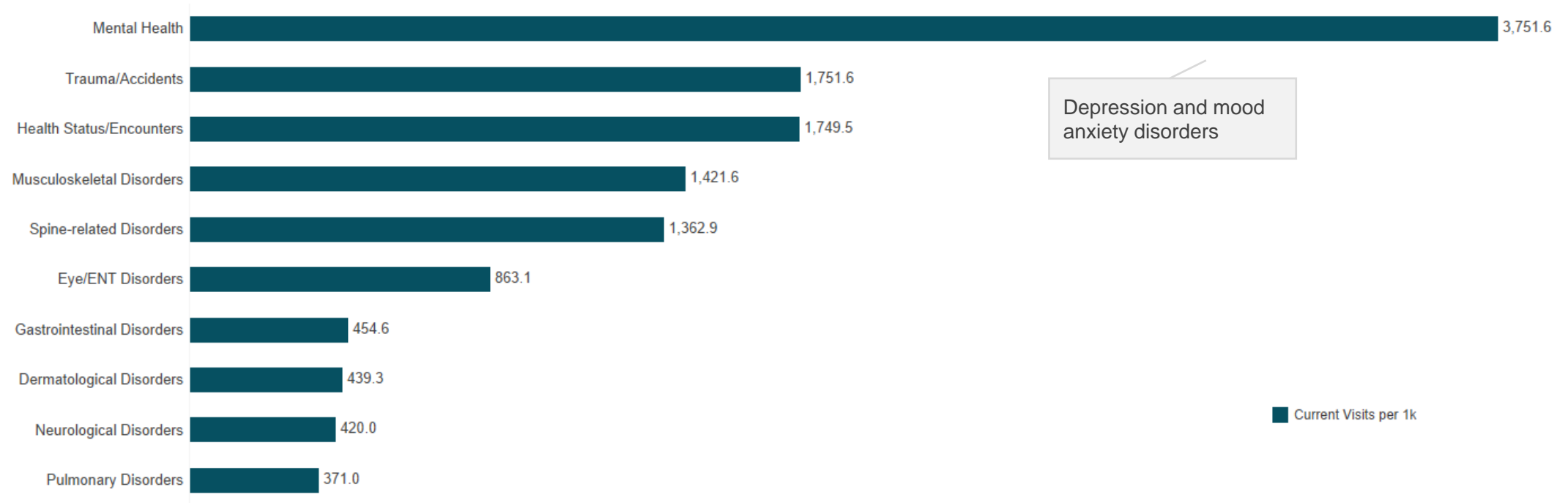


Top inappropriate diagnoses:

- Headache
- Acute Respiratory
- Low Back Pain

Top Conditions by Prevalence

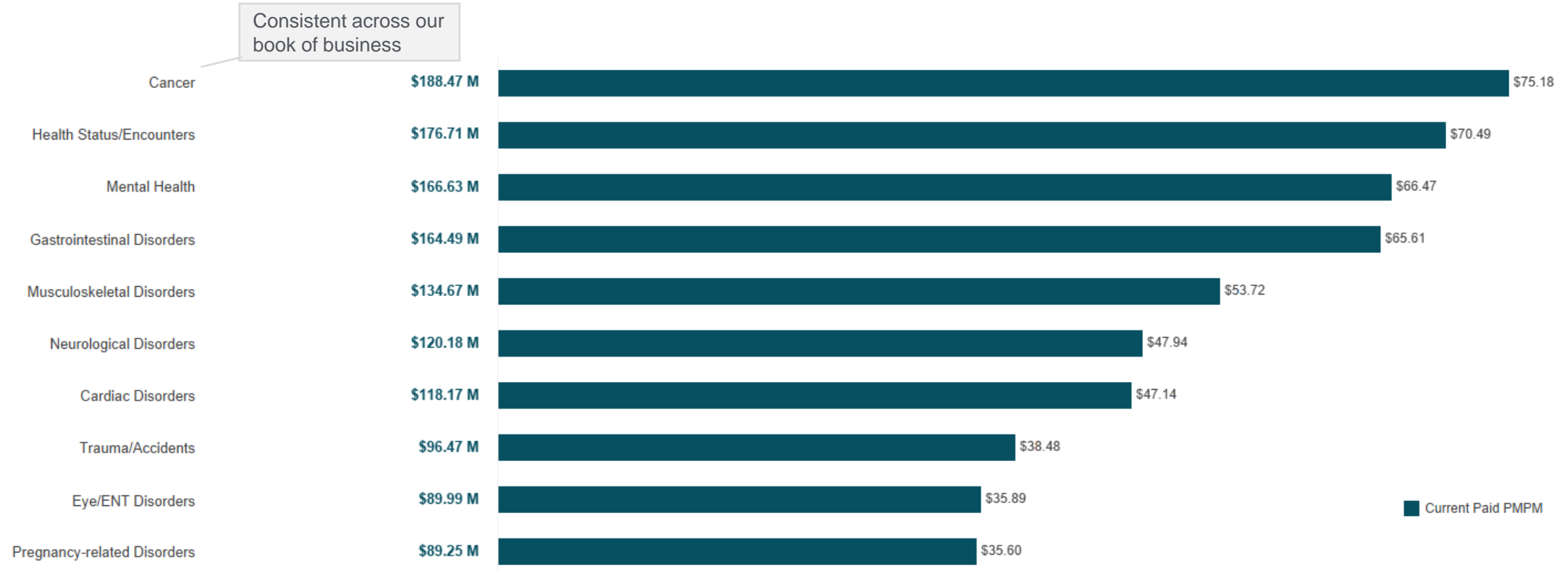
Analyzing where members are using their benefits



Note that members can be associated with more than one condition.
Top 10 conditions based on number of visits in the reporting period are displayed.
The data used on this dashboard is a on paid-date basis instead of service-date basis.

Top 10 Conditions by Cost

Identifying High-Cost Conditions to Drive Targeted Interventions



Note that members can be associated with more than one condition.
Top 10 conditions based on total paid amount in the reporting period are displayed.
This dashboard is calculated on a paid date basis and includes dollar amounts from both eligible and non eligible members.