

CONNECTICUT PARTNERSHIP PLAN



September 2026 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- SPP Waiver Forms
- Medicare Advantage
- Quantum Health
- Financial Overview

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

SPP Waiver Forms

- The ER Copay and SoS waiver forms have been updated with AmeriBen's contact information
 - If any groups have the old forms posted on their intranet pages, please replace them with the new versions
 - Updated forms are available on the CareCompass & SPP Admin websites
 - <https://carecompass.ct.gov/ctpartner/forms/>
 - <https://osc.ct.gov/ctpartner/index.html>

Medicare Advantage

MEDICARE ADVANTAGE [Jan. 1, 2027 - Dec. 31, 2027]

\$536.89 Per Individual Enrolled in Parts A & B (PMPM)

\$844.98 Per Individual Enrolled in Part B Only (PMPM)

- Renewal letters were sent to existing groups last week
- If your group would like to join the SPP MAPD plan for 1/1/27, please notify Ashley Hetrick and Cc the Partnership mailbox by October 1st
 - HetrickA@aetna.com
 - Partnershipplan@ct.gov

Medicare Advantage Cont.

- Every quarter, Aetna releases an informational newsletter for SPP Admin. The Q3 newsletter will be available for existing groups within the next week or two

Quantum Health

- HEP Updates
 - 2025: 88% household compliance, 12% non-compliance
 - 2026: 33% household compliance, 67% non-compliance
- 2025 HEP Files:
 - One-time non-compliance file was distributed on 8/11/26
 - Weekly reinstatement files began on 8/18/26
- Upcoming 2026 HEP Communications
 - Chronic Condition Education Letter #1 is scheduled to be sent 9/15 - 9/17/26
 - HEP Non-Compliance Letter #1 is scheduled to send 10/19 - 10/23/26

Quantum Health Cont.

- Security Incident Update
 - Impacted members received a letter from Kroll with information on free credit monitoring and identity protection
 - For more details, impacted members can call 844-958-8969
 - [Member FAQ](#)
- Benefits Education Opportunities
 - Use the “Schedule a Benefits Event” link on the SPP website

The background image is a dark, moody photograph of a bridge at night. The bridge's structure is silhouetted against a deep blue sky, with some lights visible on its spans. Below the bridge, the lights of a city are reflected in a body of water, creating a shimmering effect. The overall color palette is dominated by dark blues and blacks, with some warm light tones from the city lights.

Financial Overview

Actives & Non-Medicare Retirees

All Plans

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$847.47	80%	▲ 5.5%
Inpatient Facility	\$165.30	16%	▲ 1.9%
Outpatient Facility	\$329.72	31%	▲ 5.8%
Professional Services	\$330.58	31%	▲ 7.2%
Ancillary	\$21.87	2%	▲ 2.8%
Pharmacy	\$206.97	20%	▲ 14.2%
Total Cost	\$1,054.44		▲ 7.1%

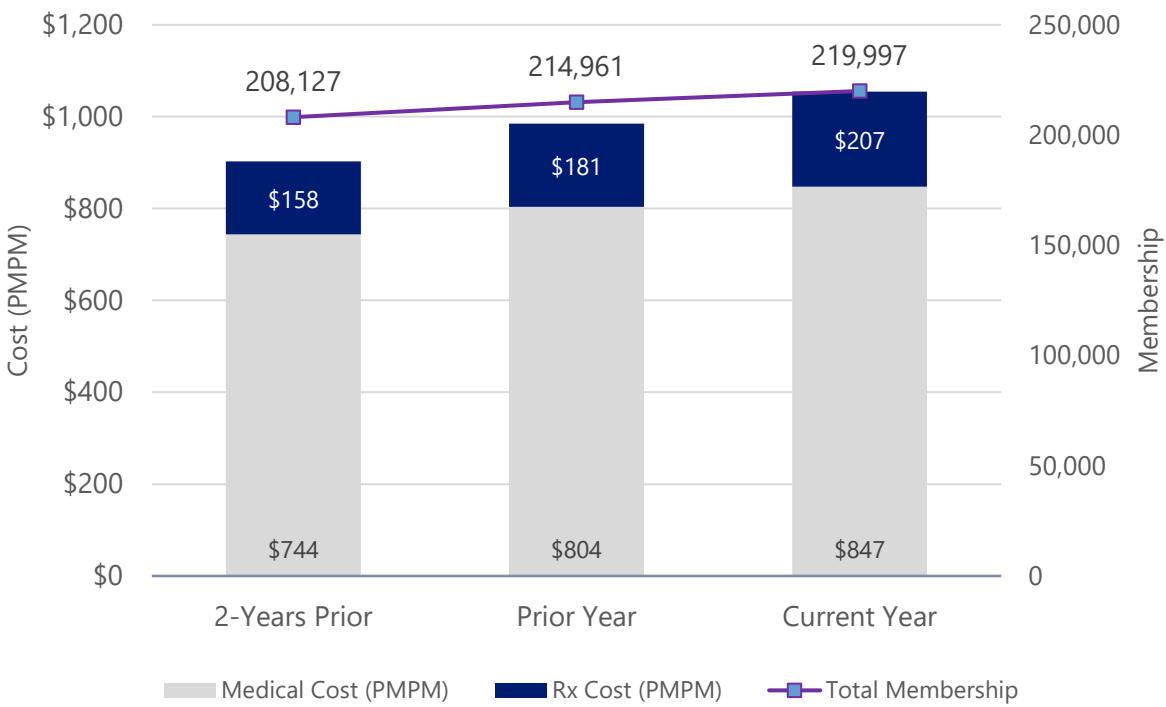
Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Pharmacy - Specialty	\$78.17	\$65.68	▲ \$12.49
Pharmacy - Brand	\$104.08	\$92.18	▲ \$11.90
Outpatient - Surgery	\$109.42	\$101.08	▲ \$8.34
Inpatient - Medical	\$55.55	\$47.65	▲ \$7.90
Emergency Room	\$53.74	\$48.95	▲ \$4.78

Observations

- PMPM medical costs have increased 5.5% Year-over-Year (“YoY”) and accounted for 80% of total spend.
- PMPM Rx costs have increased 14.2% YoY and accounted for 20% 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 \$12.49 PMPM over last year.

Cost and Membership Summary



¹ Reflects medical and Rx paid claims through July 2026, PrudentRx claims through June 2026. Claims for the current period have been completed using a factor of 0.95

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

osc.ct.gov/ctpartner

Appendix

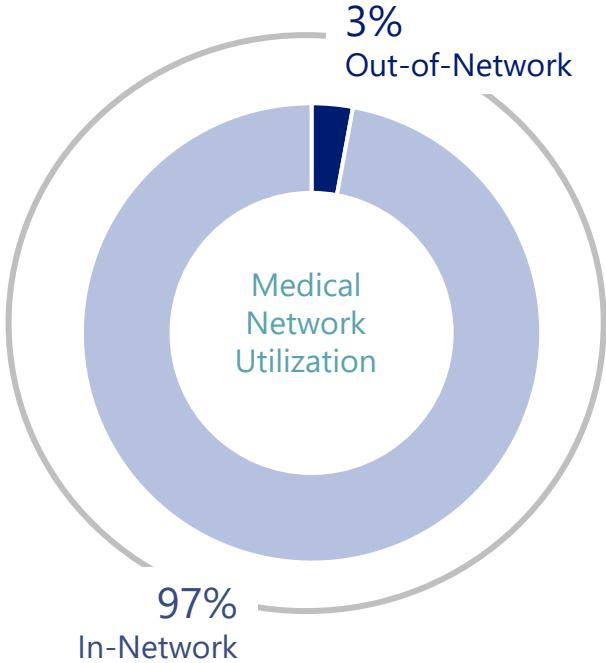
- State of CT & Partnership Utilization Dashboard
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants

Actives & Non-Medicare Retirees

All Plans

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,211	5,122	1.7%
Preventive Services	4,362	4,337	0.6%
Inpatient Admissions	82	76	8.2%
Average Cost Per Admission	\$24,196	\$25,681	-5.8%
Emergency Room (ER) Visits	200	201	-0.4%
Average ER Visit Cost	\$3,228	\$2,929	10.2%
Urgent Care (UC) Visits	429	372	15.3%
Average UC Visit Cost	\$262	\$246	6.3%
Rx Scripts	12,559	11,977	4.9%
Average Cost ¹ per Script	\$198	\$182	8.9%



Observations

- Office visits per 1,000 increased 1.7% YoY, while preventive services remained relatively stable.
- Inpatient admissions per 1,000 increased 8.2% YoY, while average cost per admission decreased 5.8% YoY.
- ER visits per 1,000 remained relatively stable, and the average cost per visit increased 10.2% YoY.
- Urgent care visits per 1,000 increased 15.3% YoY, and the average cost per visit increased 6.3% YoY.
- Rx scripts per 1,000 increased 4.9% YoY, and unit cost trend increased 8.9% YoY.

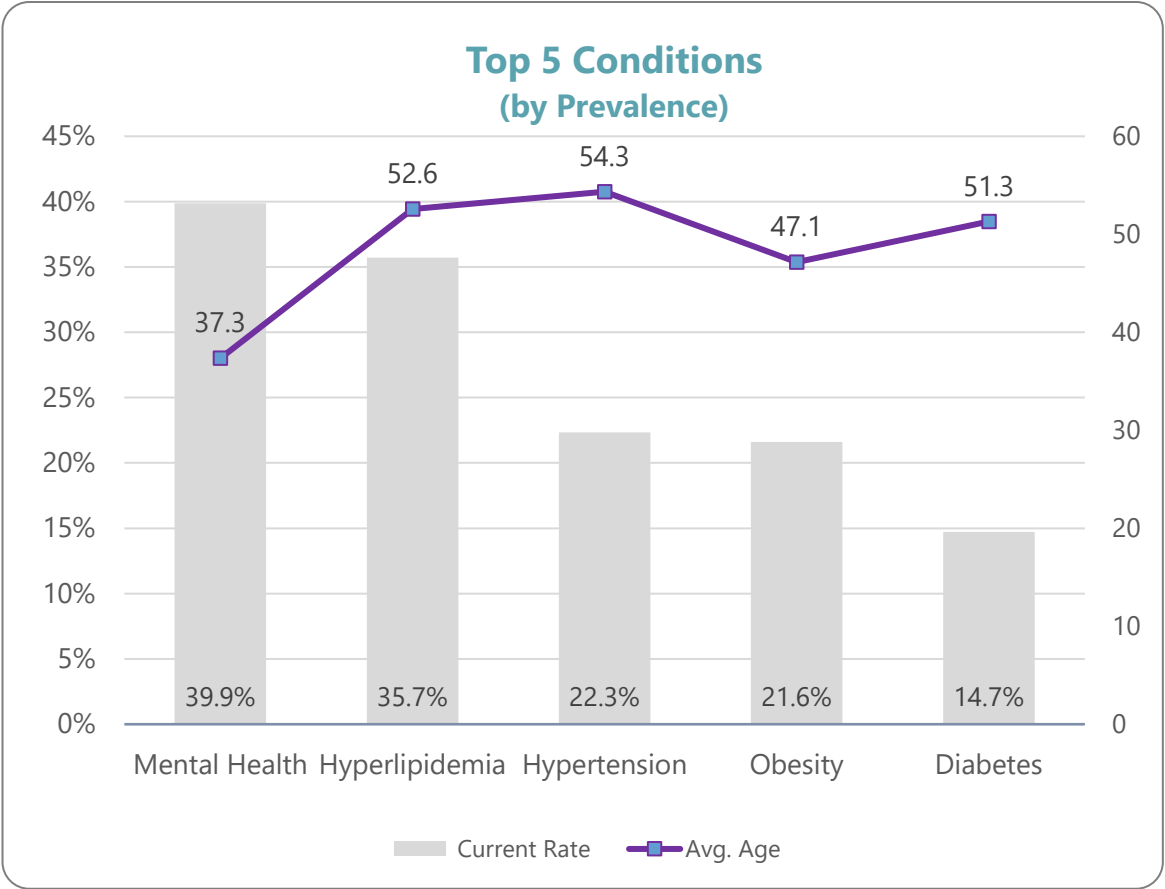
1 Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence (sorted by prevalence)

Category (Utilization per 1,000)	Current Period	Prior Period
Mental Health	39.9%	38.2%
Hyperlipidemia	35.7%	33.1%
Hypertension	22.3%	21.9%
Obesity	21.6%	20.3%
Diabetes	14.7%	12.9%
Asthma	7.3%	7.5%
Coronary Artery Disease (CAD)	4.2%	3.7%
Substance Abuse	4.0%	4.0%
Breast Cancer	1.0%	1.0%
Prostate Cancer	0.6%	0.6%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
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 39.9% of total members (prevalence) and has increased 1.7 percentage points (pp) YoY.
- Continuing increases in Hyperlipidemia, Obesity, and Diabetes

1 Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees

All Plans

Clinical 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	32,168	83%	▼ 2.0	82%	61%	39%	81%	86%
	Screening for diabetic nephropathy	32,168	64%	▲ 3.3	62%	61%	39%	63%	66%
	Screening for diabetic retinopathy	32,168	48%	▼ 1.8	25%	61%	39%	50%	47%
Hypertension	On anti-hypertensives and serum potassium	31,150	67%	▲ 2.3	61%	42%	58%	67%	66%
Hyperlipidemia	Total cholesterol testing	78,019	81%	▲ 0.5	72%	50%	50%	82%	80%
COPD	Spirometry testing	1,233	35%	▼ 0.0	26%	51%	49%	34%	35%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	9,144	38%	▼ 0.5	41%	34%	66%	30%	43%
	Patients currently taking a statin	9,144	82%	▲ 0.5	70%	34%	66%	73%	87%
Preventive Screening	Breast cancer	56,514	72%	▲ 1.4	56%	100%		72%	
	Cervical cancer	90,847	53%	▼ 0.3	46%	100%		53%	
	Colorectal cancer	72,350	51%	▼ 0.4	41%	54%	46%	55%	47%
	Prostate cancer	33,269	74%	▲ 2.9	38%	100%		74%	

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.

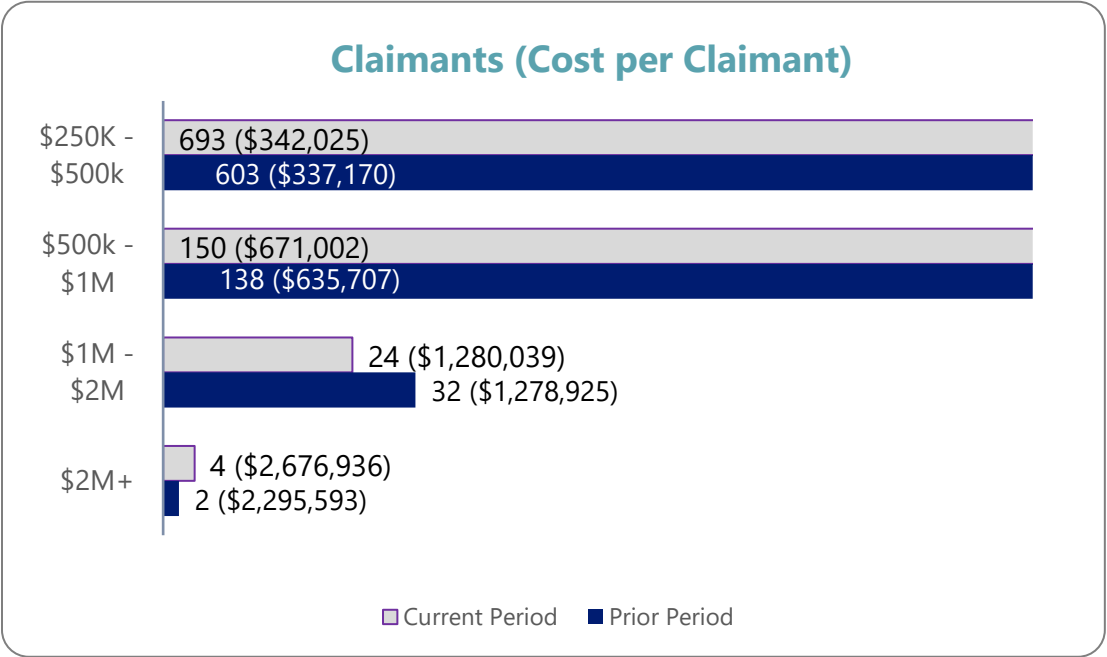
¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2024 Compliance statistics have not been adjusted for risk or severity

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	191	\$452,376	197	\$468,578
Chronic	177	\$447,648	150	\$409,631
Non-Screenable Cancer	175	\$464,594	165	\$483,954
Rx Dominant	160	\$396,461	120	\$393,872
Screenable Cancer	117	\$390,674	98	\$405,112
Episodic w/o Underlying Health Conditions ¹	23	\$527,372	9	\$326,605
Mental Health	17	\$385,699	24	\$380,646
Substance Use	11	\$393,808	12	\$325,844
Total High-Cost Members	871	\$435,250	775	\$434,268



Observations

- 871 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 775 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 22% 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).