



**STATE OF CONNECTICUT**  
HEALTHCARE POLICY & BENEFIT SERVICES DIVISION  
OFFICE OF THE STATE COMPTROLLER

**HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES**  
**November 21, 2023**

Meeting Called to Order by **Josh Wojcik**:

**Attendance:**

<b>Labor</b>	<b>State Comptroller Administrative Staff</b>
Carl Chisem – CEUI	Joshua Wojcik
Dan Livingston – SEBAC	Thomas Woodruff
	<b>Presenters</b>
	Bernie Slowik – OSC
	Rae-Ellen Roy – OSC
<b>Management</b>	Betsy Nosal -OSC
Gregory Messner	
Karen Nolen	
	<b>Consultants</b>
<b>Dept. of Insurance</b>	Terry DeMattie, Segal
Paul Lombardo	

**Public Comment:**

No public comment

**Financials:**

The DSH MHA adjustment for the active appropriation resulted in an adjustment of approximately \$7.5 million, which was applied to the account. The active appropriation has a projected surplus of \$12 million.

The IBNR is performing well on the active side, too. Currently, we have \$153 million in reserve balances within the FAD accounts, which is good considering all the factors.

Although there has been a slight increase in the number of claims on the medical side this year, we are still in a good position within the active accounts overall.

The retiree accounts have been updated with the new Medicare Part B and D reimbursement rates and the updated MAPD premium rates for the upcoming year. There has been a high surplus balance in previous years, and adjustments for these surpluses have been included in the appropriation values for the current year. As a result, there is currently a \$2.6 million surplus. The retiree OPEB FAD spending accounts are in good shape, with a positive balance of about \$202.7 million.

*Question: The active account was projecting a deficiency last month and a surplus this month, and is that due to the DSH adjustment?*

*Answer: That's exactly right.*

### **Partnership:**

Partnership 2.0, as of November 1st, still has 153 groups enrolled, totaling just over 23,000 employees with approximately 50,000 members.

Last week, we held our quarterly partnership update meetings for existing groups. They were well attended and well received, with some positive feedback. We're also ramping up our marketing by meeting with Anthem for our retention campaign starting in early 2024 and attending events like CABE and CAPPS last Friday.

There are no changes on partnership 1.0; five groups remain, totaling approximately 2,400 employees with just under 3,400 members.

### **High-Level Utilization:**

We are still seeing positive claims trends overall. This month, we have seen a 2.6% claims trend year over year, mainly driven by a negative trend in pharmacy. However, this is still due to the Prudent RX savings incorporated into each month of claims in the current 12 months. In contrast, the prior period only had about one month of those Prudent RX savings. As we move further into this fiscal year, those Prudent RX savings will show less and less because the comparison period will also have those savings built within it. Therefore, we will see that the pharmacy trend to be more reflective of the trend without Prudent RX savings. We need to keep an eye on this and see how it starts to impact the overall trend.

We are seeing a 4% trend on the medical side, which is consistent with the previous years. The outpatient facility has been growing at a high rate for several years and continues to grow significantly. However, we have noticed a slight increase in professional services, which we need to investigate with the Segal team as it is higher than usual. Overall, it is still doing quite well.

We requested a quick analysis of our High-Cost Claimants because we noticed a significant increase in our very highest cost claimants. The prior period, we had one claimant over \$2,000,000 and this period we have two claimants in there. Therefore, we wanted to assess the overall situation in our second-highest cost category to understand

the situation better. We went from 17 claimants that were between one and 2 million dollars that bumped up to 21 claimants. In some of the other areas, we have about a few less that are \$500K-\$1M and a few more in that \$250K-\$500K. We are seeing a slight increase in high-cost claimants, which slightly impacts the trend. However, we will monitor this closely and observe if it returns to the levels seen in the previous period as we progress through the rest of the fiscal year.

### **Quantum Call Center Reporting:**

We have observed that employees tend to be the most engaged, followed closely by their spouses. This trend is consistent across our book of business. It's great to see that employees and their spouses are highly engaged, followed by dependents.

We differentiate between attempted engagement and successful engagement. This is where Quantum is reaching back out to a member who either called in or left a message via the chat, and we're very close to successfully completing all the return calls and chats. So, very heavily engaged and getting those members the necessary answers.

Members tend to contact us mainly through phone calls, followed by logging into their accounts. It's great to see that Members are highly engaged with our member portal and are utilizing its features, such as the secure messaging and chat features. We're glad to know that they find these features helpful and convenient.

One of the ways we wanted to improve reporting around HEP, which is an important program for the state, was by showing Members' engagement on a month-over-month basis. As you can see, employees are the most engaged and have the most questions about HEP. This data represents members calling into the pod or accessing the My QHealth portal app. The uptick in mid-October is usually when a letter has gone out or when people realize they're non-compliant and try to become compliant. This indicates excellent activity around the HEP program.

The data also shows how members are registering for the member portal. Currently, just over 35% of the membership is registered, with mostly employees registering and another uptick in October when members get on the web to register.

*Question: What percentage of dependents who are over 18 have authorized their parents to take a look at their HEP information?*

*Answer: Kirsten doesn't have that information now but will find out.*

*Question: Going back to one of the slides that talk about your engagement following up with members who had reached out and called in, how much of a lag time are we looking at when you are saying you are catching up on the overflow or the backlog?*

*Answer: It's if somebody is calling in and they have questions, and we need to do a little bit of research and get back to them, or if it's a member that we are reaching out to in a clinical manner, they left us a message, and we're getting back to them. So, it's generally 24-48 hours. It's not an overflow. It's not lag time. It's not because of a lack of people available.*

*It's just somebody calling in and Quantum, either doing research or leaving a message for one of our clinical teams, and they are reaching out.*

### **Communications Update:**

In October, we continued our usual communication through Care Compass. We sent out our standard schedule of seminars on HEP well-being and chronic basics. We had our Upswing Health Webinar monthly information go out. We also sent out an email to all users about getting a flu shot and a COVID booster. It was also the flexible spending account month for our active employees. Our open rates and click-through rates were standard, and there isn't much to report.

I wanted to bring to your attention the progress we have made in partnering with Quantum Health to provide our employees with access to care coordinators and the portal as we see the cumulative results of the portal growing.

Our campaign strategy began in April with the HEP postcard, which reminded people about the new Hep and Benefits Portal. In July, we welcomed Quantum with a mailer about the care coordinators on the Benefits Portal for the new plan year. Last month, I reported about the HEP chart, which reminded people to make appointments. This may have been a big reason for the additional spike in October portal registration and usage. We sent another "contact your care coordinator" postcard this November, which should have hit mailboxes this week. We have also been working with Quantum Health to send emails, and the email list has been growing over time. We are happy to report that the email list is even larger than what we have here, and we are confirming more details. We are seeing more spouses and dependents registering, which is great news. We are also improving our outreach to employees by redesigning the Care Compass communications and making accessing the portal easier. We plan to send out a testimonial-themed postcard and email outreach in January.

*Question: How much are these materials duplicated to partnership members?*

*Answer: They are sent to partnership as well.*

*Question: When you presented the statistics, were those state employees or state in partnership, or what were those numbers?*

*Answer: That's everybody; that's both partnership and the court membership.*

We have launched a new navigation tool on Care Compass to help users quickly access the information they need. The tool is particularly useful for new employees who do not yet have access to the portal until they are fully registered with their plan. The new tool includes a shorter version of the Healthcare Options Planner; it provides a robust introduction to the state, welcomes new employees, and explains when and how to access the portal. Starting this month, we will mail this guide to all new hires. We will automate the outreach with a templated email generated monthly as a person is hired to get this overview guide. Again, the template email contains information about who care coordinators are and what Care Compass is. This will ensure that new employees are engaged and informed from the very beginning.

We have created two flyers, which are available on the right-hand side of the page. The first flyer is an overview of the Care Compass, which is easy to access and can be handed out or posted at the agency level. It includes some quick tips on why and how to access Care Compass and the Quantum Portal. It also references life changes, such as a change in status, and how the benefits page on Care Compass can help you get all the resources you need, including how to enroll using E Benefits. Both flyers have QR codes that take you to the appropriate places.

The second flyer is about our clinical health programs, which we call point solutions internally. It covers our Upswing Orthopedics, Virta Reversal and Diabetes Management Program, and an overview of HEP. It also includes an overview of the providers of distinction program and our newest Flyte Weight Management Program. All flyers have URLs to reach and to find more information on who is eligible. The QR code takes you to the Care Compass Medical page with quick and easy links.

At the top of Care Compass, you will find three options: Active Employees, Retirees, and Partnership. If you click on Active Employees, a navigation bar will drop down, making it easier to find what you are looking for. On the left side of the navigation bar, you will see Medical, Pharmacy, Dental, and Supplemental, which will take you to their respective pages. On the far right, you will find Benefits Enrollment, where employees can access all their benefits and enrollment information. This page was active during open enrollment in May. However, we updated it post-open enrollment to make it easily accessible for new hires and if you have a qualifying life event. You can find the Healthcare Active Guide Planner in the center of the page. Below that, you will find the brand-new Hire Guide and the Health Enhancement Program (HEP) page. We did not have the HEP page before Quantum, as we only linked from Care Compass to the portal when it was Wellspark. However, now that Quantum has a more robust site with HEP and benefits, we wanted to clearly define the Health Enhancement Program and provide an overview of it, along with easy access to some of its features. Underneath that, you will find forms. We will eventually attach lookup guides to this navigation bar.

When you visit [carecarecompass@ct.gov](mailto:carecarecompass@ct.gov), a search box will appear at the screen's bottom left corner. You can close it if you want, but it contains much helpful information that we have gathered from our past open enrollment FAQs. During our live events, employees asked us some great questions, and we found that many of the answers were already in the healthcare planner on Care Compass. However, some questions were more unique and required the assistance of a care coordinator or Quantum. We understand that some people prefer to find their own answers, so we created this search tool.

To use it, select a category under Medical, Pharmacy, Dental, or HEP, and more subcategories will appear. For example, one of the categories is about changing coverage, adding or removing dependents, and when you can do so. Some search results will have links that will take you directly to Care Compass or the portal. If you still have questions after using the search tool, you can contact a care coordinator for further assistance. Overall, this search tool is another way for employees and agency staff to find information and answers quickly on Care Compass.

## **Primary Care Initiative**

We are continuing with our regular meetings, where our care consultants meet directly with the groups on a regular basis. Tom and Sandra participate in these meetings until and unless there is some PHI that needs to be discussed, in which case they drop off. However, we can review reporting with them, not only at the group level but also by showing the groups where they rank with other participating provider groups.

We are also embarking on an interesting initiative, which involves the use of more clinical data. This means we will use lab results, for instance, to measure quality. We have been trying for years to get to this point for quality measures, as administrative claims data has limitations. Anthem is already collecting some supplemental clinical data for Medicare. So, setting this up with some of the provider groups will hopefully be seamless, and we will be able to achieve a better level of measure with some of these quality metrics.

Another thing we have been working on is care coordination meetings along with Quantum to ensure that Quantum can provide support to provider groups. Some provider groups are at different stages in managing care coordination, especially when it comes to transitions of care.

**Josh Wojcik** – invited other questions or comments from committee members and the public. There were no additional questions or comments, call for motion to adjourn.

Motion to Adjourn was made by Daniel Livingston, seconded by Gregory Messner.

Meeting was adjourned.