



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

HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES
September 12, 2022

Meeting Called to Order by Josh Wojcik:

Attendance:

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

Public Comment:

No public comment

Financials:

Active appropriation projected to close at \$11.8M surplus, largely due to the budget being built before knowing the actual numbers from the retirement surge. There were 1,800 retirees as of July 1, resulting in a lower than expected population on the retirement side. The active FAD accounts is projected to close the year at -\$33M, considering the runout of those transitioning to retiree status which is being paid out through the active benefit, and do not have the income coming through payroll from these individuals. There was also an unusually large number of non-compliant HEP members which alters claims experience with a rush of utilization. Pending RFPs for different programs are

expected to bring down costs and improve overall wellbeing and health of members. It is not anticipated the active FAD account will close at this negative trend but will need to re-trend expectations over the coming months to associate this. The active prescription side running well, spike in claims may be due to runout of actives transitioning to retiree status. On the retiree side, the budget was built before RFP for MAPD was complete. The \$119M anticipated surplus balance is related to new MAPD contracting and the makeup of new retirees, consisting of an older population that transitioned directly to the Medicare Advantage plan rather than remaining on the commercial plan. New Medicare premium rates coming in November, but currently using 5% trend. Payments from OPEB FAD accounts, doing well on retiree side and looking to close the year around \$193M between the two accounts.

Q: on the retiree projected surplus, is half of that due to the MAPD rates and Aetna contracting, and the other half due to other factors?

A: Yes, \$60 or \$70M is the MAPD contracting and some due to the population transitioning.

Partnership:

As of 9/1/22, 159 groups are enrolled in Partnership 2.0 totaling over 26,000 employees and approximately 61,000 members with 121 groups having completed their 3-year contract commitment under Partnership and had the option of leaving the plan without an early termination penalty. Two groups decided to leave on 7/1/22, four more will be leaving on 9/1/22 and two on 10/1/22.

Partnership 1.0

As of 9/1/22, five groups remain in partnership 1.0, totaling approximately 2,400 employees and just under 3,400 members.

Q: Does the 2,400 include the grad assistants?

A: Yes

Q: How many are they?

A: They make up the majority, almost 2,000 at Storrs and 175 at UCONN Health, 160 post docs

Communications Update:

Three themed communications were sent out this month. Benefits survey was largest communication sent to state employees personal email accounts as well as HR contacts and Judicial and Higher Education contacts. HEP compliance support information was also sent to employees with contact information for CMSi. Open rates are above the industry standards.

Over 5,500 responded to the survey which has increased from 2020, October open enrollment of almost 2,000. The survey sought to understand who was responding, who made changes to their plan and sought constructive feedback on the process. Participants were asked how they made the change – as this was the first year e-benefits were offered. Also inquired about tools and resources available to members, including the plan

comparison charts available on the Care Compass website, the dental plan decision tool (offered since last open enrollment), and the medical plan decision tool used to inform participants on medical and dental plans. Over 4,000 direct feedback responses were submitted to OSC related to the survey. The survey also solicited responses related to ongoing needs throughout the year and many responses returned were related to the provider lookup tools, understanding co-pays and resolving billing issues – all issues OSC will be working on in the coming year. Also asked about a single-sign-on portal and an app for Care Compass, over 72% of respondents would be interested in these features. Feedback will be helpful in forming focus group questions for groups, consisting of agency benefits contacts, to better understand members' needs. Some discussion has been had around bringing back in-person events as there seems to be a need for in-person as well as virtual events.

Q: In terms of members accessing on-line resources, compared to those accessing the carriers and CMSi resources – is information shared relative to which tools are being accessed?

A: It's not clear as not all collect the stats OSC collects on accessing the online tools. The survey respondents did state they often went back and forth between portals. Anthem's call numbers are highest, with Health Advocate/ Health Navigators being very close in volume.

Josh Wojcik invited any additional questions or comments from committee members and the public. There were no additional questions or comments.

Motion to Adjourn was made by Dan Livingston, seconded by Greg Messner.

Meeting was adjourned