



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

HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES
June 12, 2023

Meeting Called to Order by Josh Wojcik:

Attendance:

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

Public Comment:

No public comment

Financials:

Anticipating closing the current fiscal year's active health appropriation at around \$27.7M surplus, there is a \$22M carry forward – capturing a large portion of the surplus and carrying it forward to the coming fiscal year. FAD balances doing well on the active health side, On the retiree appropriation side, estimating a balance of \$88.3M in large part due to the MAPD contract with Aetna. That saved around \$40M for the current fiscal year. Also, the originally budgeted 5% increase for the Med B reimbursements, was actually a 5% decrease, further adding to the surplus. With the retirement surge and an

older population that transitioned to Medicare Advantage, this moved more individuals off the costlier commercial plan resulting in additional savings. Of the \$88M, approximately \$16M will be carried forward to the upcoming fiscal year. The Retiree health OPEB accounts for medical and prescription spending is also doing well. Lack of IBNR adjustments are also included in the rates.

Partnership:

Partnership 2.0 - As of June 1, there are 160 groups enrolled and totaling just under 25,000 employees and approximately 58,000 members. As of July 1, there will be three new groups joining, with approximately 700 employees, and 1,800 members. We will lose seven groups, 1,600 employees and over 4,400 members leaving a net loss of around 900 employees and 2,600 members.

Utilization updates for existing Partnership groups will be held on Monday July 17 and Thursday July 20.

Partnership 1.0 - Five groups remaining totaling 2,400 employees and just under 3,400 members.

Utilization Dashboard:

Continue to see medical trend improvement compared to the prior twelve month period of 2.1% , limited medical trend. On the pharmacy side, continues to increase with 7.1% trend, not including PrudentRx savings and 3% trend overall. Continue to see positive trends in most categories with emergency room being the outlier at 9.1% change. When examining trends in disease states – two stand out with mental health rates continue to increase with the COVID epidemic, along with an increase in obesity rates increasing from 15.8% 17.4%. Gaps in care analysis shows a reduction in compliance with recommended preventive care, hope to see improvement in this going forward with the Primary Care Initiative groups being scored on closing these gaps. Are seeing positive numbers with colorectal screenings, prostate cancer screenings.

Emergency Room utilization 2019 trended forward, annualized trend at 9.3% in cost with utilization increasing 3.1% per year. Driving this is an increase in utilization is CT Children's Medical Center, seeing an increase in cases of respiratory illness in children. Stamford and Bridgeport Hospitals also saw an increase while St Francis and Middlesex Hospital saw a decrease. Diagnoses seeing an increase include major depressive disorder.

Open Enrollment:

OE has closed but processing continues. On the medical side, 332 employees and retirees who did not previously have coverage (had waived benefits) that had elected to enroll on the plan. Saw a large shift to the expanded access point of service plan. On dental, there

was an enrollment increase of 322 employee and retiree members. Saw a shift into the Basic and Enhanced plans, out of the DHMO plans.

RFPs:

Pharmacy Benefit Manager – anticipate releasing this in August, earlier than usual but due to past experience, this provides vendors additional time to respond, and in the event the incumbent vendor changes, provides more time to allow for a smoother transition/implementation. Goals include maintaining progress made since our last procurement – achieved components including cost transparency, pass through pricing at the pharmacy, point of services rebates (cost reduction at the point of sale for those drugs having a rebate), acquisition costs at CVS owned pharmacies (cost of drug plus an administrative fee with no additional markup). Also will allow for in-state specialty pharmacies to bid to be included in the specialty pharmacy network (currently consists of Yale, Hartford and UCONN). RFP also seeks to have formulary development focus on high value prescriptions rather than focusing on achieving the highest rebate. Goal is also to direct members to those prescriptions where there are available alternatives that have been showed to be effective in comparative effectiveness studies. PBM needs to commit to sharing data with providers/primary care groups at risk for pharmacy costs, including cost and alternatives as these groups will need this information on costs and opportunities. Also seeking consistent high quality customer service and account management. Also will require dispensing of abortion drugs where legal and investigating options for better participation in the maintenance drug network by independent pharmacies. Requesting Labor Management volunteers to participate in review of proposals.

Q: What is the calendar for reviewing proposals?

A: Anticipate reviewing the proposals by November-December and having a decision by January.

Auditing Services – New procurement, with a target release date of July. Auditing has been procured in conjunction with consultant contracts. This RFP seeks to explore innovation in the marketplace relative to auditing and independently contract for this service. Want to be sure our standard auditing of medical, dental and pharmacy plans are best in class. This may consist of more than one auditor. This will also include dependent audit services, invoice and fee auditing, Medicare Advantage Plan for claims processing and prior authorization, and Quantum’s prior authorization.

Communications Update:

Quantum implementation going well. Beginning in July, new Anthem medical ID cards will go to members, Care Finder provider lookup tool will be available to members, with higher quality, lower cost providers filtering to the top of the list with applicable co-pay by plan. Temporary site of service tool will be linked from the Care Finder tool when a member searches for an in-network lab until this information is integrated into the tool.. Quantum is also taking on ER copay previously handled by Anthem as well as prior authorizations and provider of distinction check process. Anthem will continue to manage behavioral health with Carelon. Care coordinators being educated on all new point solutions.

Email communications – seeing a positive impact, click through rate decreased slightly, however in line with no plan changes. Reaching members four or five times a month seems to be an appropriate cadence to inform members without overwhelming.

Q: Cigna Dental tool – did dental network impact the move out of DHMO?

A: OSC looking into this. May have been related to a large provider that did not re-contract with the DHMO, some retirements, working to better understand how this impacted the shift. Was also mailing from Cigna to members in the Basic Plan who only saw dentists in Enhanced Plan, seemed to be effective as enrollment in Enhanced Plan increased.

Continue to grow Facebook following, which informs members on upcoming seminars, benefit updates and programs.

Live Events – Major focus has been on the Quantum implementation, availability of care coordinators and the redesign of Care Compass.

Upcoming communications – Employee survey to learn more about benefits navigation and focus groups to gauge interest in wellness programs.

Program Analysis:

OSC proposes to provide quarterly reporting to the HC4 on program changes, new initiative and other areas of interest in four domains: member wellness, health care reform, medical and pharmacy. Offered a preliminary schedule to report quarterly which may be modified:

- Member Wellness – Behavioral health
- Health care reform – SOCT Primary Care Initiative
- Medical – Upswing
- Pharmacy – Prudent Rx

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 Gregory Messner, seconded by Dan Livingston.
Meeting was adjourned.