



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

**HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES**  
**June 13, 2022**

Meeting Called to Order by Tom Woodruff:

**Attendance:**

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

**Public Comment:**

No public comment

**Financials:**

Looking at closing the active appropriation for the end of the year at a \$14.4M balance, inclusive of \$25M taken for deficiency bill. Much of this is associated with the active population moving to retiree health and positions are slowly being filled and new staff onboarded to health coverage. On active FAD, seeing an increase in claims coming through. Overall combined FAD balances at the end of the year, just over \$99M with IBNR for the new fiscal year that is built into rate to build back reserve.

On the retiree side, looking at appropriations balance of approximately \$3M , up slightly from prior month, due to the makeup of the new retirees joining and to the better than anticipated rate for the coming fiscal year. On the FAD side, seeing better than anticipated claims, looking to close the FAD account with approximately \$202M available as a reserve. Full detailed report to follow funds transfer, which includes benefits billing state share and the non-pensions state share, to be shared after the meeting.

Karen Nolen: Question on active health, does the balance include the \$3M from the FAC that was transferred?

Rae-Ellen – Responded it does not, will update to include this – also requested Karen provide the exact value that was included on the active piece, to send the update.

Karen Nolen to send.

### **Partnership:**

Bernie Slowik: As of 6/1/22, Partnership 2.0 has 154 groups enrolled totaling almost 26,000 employees and over 64,000 members, 107 groups who have completed their 3-year contract commitment under Partnership and had the option of leaving the plan without an early termination penalty. Two groups have elected to leave as of July 1, 2022 and nine confirmed small groups joining on July 1, which will add approximately 400 new employees and around 900 members.

Partnership 1.0 still has five groups remaining totaling approximately 2,400 employees and just under 3,400 members.

Dan Livingston asked which two groups are leaving

Bernie responded: Westport BOE and Town of Ridgefield.

Tom: what type of plan is Ridgefield adopting?

Bernie: may be an HSA or HRA.

### **Communications Update:**

Betsy Nosal: Participation for live virtual events continues to grow, sessions are recorded and available on CareCompass throughout open enrollment. Q&A segments have been positive, many participants have expressed that they enjoy having the ability to ask questions of the team. Email communication open rate is also trending up. Promotion from April through May, and the average session duration has consistently increased during open enrollment. OE page was full of information including current rates, plan comparison charts, digital planner, links to meetings and FAQs. Postcards and bi-fold mailer, mailed to participants, resulted in over 64,000 views to the open enrollment page. FaceBook followers and unique clicks also increased from April to May 2022.

New medical plan decision tool was introduced, this open enrollment with participants accessing the tool to compare their current plan against other plans. In total, 7,068 medical sessions and 5,551 dental sessions in 2022 were accessed by participants.

Dan Livingston asked whether this would show where participants changed plans. Per Betsy, this tool does not show this detail because their personal identification is not captured there.

More employee surveys and focus groups forthcoming to solicit feedback from participants.

### **Open Enrollment (OE):**

Rae-Ellen Roy: Still have applications coming in for open enrollment. OSC learned some retirees out of state did not receive their open enrollment booklets until the last week of open enrollment, due to these types of delays, anything that is coming into the office will be processed through June. No one has been cut off from open enrollment. As of Friday June 10, approximately 7,600 employees and retirees to date have made updates on the dental side, of these 206 individuals who had previously waived coverage, enrolled in coverage during this OE period, 183 members moved to the Basic plan, 135 moved to the Enhanced Plan, 386 left the traditional DHMO plan, 267 moved to Total Care DHMO Plan. To date, 13,300 dependents added back to coverage (an additional 350 added since Friday) with the age 19 to 26 update.

On the Medical plan, 2,500 updates processed, 14 newly enrolled in coverage, movement of 503 into Expanded Access (previously POS) plan, 311 left the Standard Access (POE) plan, 103 left Primary Care Access plan (POEG), 19 left State Preferred Plan, 18 enrollees left Out of Area plan, 38 left Quality First Select Access (formerly Blue Care Prime), 46 new dependents added to coverage during OE.

Greg Messner asked if these changes shown as the net change.

Rae-Ellen Roy – yes, it is the net change

Josh Wojcik: The survey helped inform the design of the medical decision tool, showed that when individuals better understand the plans, they tended to select the POS plan or the narrow network plan if they knew their doctors were in. Some who had a poor experience with how Anthem administered the PCP referral requirement, were getting significant out of pocket cost, individuals with this type of experience were more likely to move from their plan.

Rae-Ellen further explained movement across plans and noted the significant increase in transactions for the current Open Enrollment period as compared to the roughly 5,000 updates processed the prior year.

### **MAPD Implementation:**

Rae-Ellen Roy: MAPD RFP has been completed, the review committee provided a recommendation to the Comptroller, the recommendation was accepted, and contract negotiation have begun with Aetna. An announcement was made on June 1, and the initial

kickoff has been held. An introduction letter has been sent to retirees with the goal of a smooth transition. Savings are estimated at \$60M in the first fiscal year (based on six-months), with the overall General Fund savings on the state side is estimated at \$312.2M in a fiscal year spend with an additional \$60 to \$70M to be saved in 2026. Total savings on the contract is nearly \$400M, with \$22M savings in Partnership Plans based on current enrollment, some of these savings are passed to plan members.

Tom Woodruff asked for the impact on OPEB liability

Rae-Ellen: Overall impact on the overall OPEB liability is approximately \$7.5B, which is a 30% decrease in OPEB liability. This is the cost associated with currently enrolled state retiree members.

Josh Wojcik entertained a motion to adjourn the meeting. The motion was made by Greg Messner, seconded by Dave Glidden. The meeting adjourned at 9:30am.