HEALTHCARE COST
CONTAINMENT COMMITTEE

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

HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES
September 8, 2025

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

Attendance:

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

Public Comment:

No public comment.

Financials:

This report analyzes the current fiscal year's budget. We had anticipated entering the year with an active health appropriation deficit, which currently stands at approximately $53.8 million.

We are closely monitoring the situation on the active FAD side, as we have observed that claims are significantly higher than we initially anticipated when the rates were set at the beginning of the year.

At this time, we are projecting a potential deficit of about $2 million within the FAD accounts for retiree healthcare appropriations. Additionally, we are facing a deficit of approximately $33 million, primarily due to adjusted rates for Medicare Advantage and the IRA of 2022, which resulted in substantial reductions in subsidies for us. This reflects a deviation from our initial budget.

On the retiree health OPEB FAD account side, we still maintain a healthy surplus. We are actively utilizing this surplus as much as possible this year, and it currently stands at about $121 million.

Partnership:

As of September 1st, Partnership 2.0 has 185 groups enrolled, representing approximately 29,000 employees and just over 67,000 members.

We have one small confirmed group joining on October 1st. The groups currently enrolled under the Medicare Advantage Plan have been sent an estimated renewal increase for January 1st. We plan to send the final rates within the week.

The status of Partnership 1.0 remains unchanged, with four groups still active, totaling around 2,300 employees and 3,000 members.

High-Level Utilization:

Overall, the trend remains high at 9.3%. To clarify the timeframe, we are looking at June 2024 through May 2025.

Currently, the most significant drivers are outpatient facilities and professional services. Outpatient facilities have been significant drivers for the past 10 to 15 years, so this is not a huge surprise. Professional services, however, have been relatively moderate for a long time, and seeing them rise to around 10% continues to be a challenge. We discussed this last week, but we're still searching for real solutions and meaningful initiatives in that area.

On a positive note, inpatient facilities are starting to moderate and decrease after experiencing double digit growth earlier this year.

However, pharmacy costs remain high at 14.5%. We had hoped that as we entered the new year, the year-over-year figures would begin to align more closely. I will note that July saw another increase in pharmacy costs, so I'm not entirely confident that we'll see a decrease, but we'll continue to monitor the situation. We will be taking a close look at August in the coming weeks, with the hope of better performance than we observed in July.

Communications:

In August, our all-user communications typically slow down. However, we continue to promote our well being seminars on chronic conditions, which occur every month along with their overlapping schedules.

We have also introduced a new Healthy Living Program email to highlight our various solutions. While we don't specifically call them "point solutions" in member communications, they include programs like Virta for diabetes, WellSpark DPP, Hinge, Upswing, orthopedic services, mental health resources, and more.

Our goal is to create a strong brand identity for these Healthy Living Programs so that our members can easily recognize and seek them out. Some of the incentivized programs include the Provider Distinction and the HEP, which are also featured on that page. We aim to help our members navigate their resources in a more customized way.

Looking ahead, we will be distributing customer service surveys in October, targeting all members. This will assess the effectiveness of Quantum's care coordinators, call center, member portal, message response rates, and overall member experience. We will also solicit feedback on Caremark sign-up and the Provider Distinction Program. To facilitate participation, we will promote this initiative through postcards sent to homes, emails to all users, and roll-call messages from HR teams.

Additionally, we will conduct specific focus surveys related to our Healthy Living Programs. These brief surveys will gather feedback from all participants, even those who have been inactive in programs like Virta. We want to understand their experiences and assess how well our vendors support our employees and plan members overall.

We hope this will provide valuable insights into the performance of our vendors and the effectiveness of our benefits in general.

We're thinking broadly and aiming to provide assistance. This is a reminder that we have a Care Compass Facebook page. The popularity of Facebook relies on how much people believe in it.

Would you like to follow it? There's no obligation to do so, but we did reach 1,000 followers in July, which is steady growth. That's

We have run some targeted ads, and our posts will always be updated with information about open enrollment and surveys. We regularly share reminders about Care Compass, our branding, and updates regarding employee benefits. The focused ads particularly encourage individuals to "stay healthy," which will link you directly to Care Compass. This helps people navigate their benefits more effectively.

Currently, our distribution has surpassed 1,200, which is just one of the many ways we strive to keep our employees informed, especially around each campaign we launch. We aim for consistency in our messaging.

On November 1st, we will be launching Lyra Health. We're working behind the scenes to ensure everything is aligned, and we're excited to provide this expanded access point for our plan members. We're receiving mental health care.

Additionally, I can reveal that there are three new focuses on orthopedics, with solutions available through Hinge Health for chronic conditions and Upswing Health for acute treatment. There's also an option to speak with a coach or an orthopedic specialist about managing acute conditions and determining the next steps for management.

DEVA Audit Update:

Here's a quick update on the ongoing Deva audit. As you are aware, we are currently in the second round of communication with individuals who have not yet responded to our requests for information. We are reminding them to submit their information to us.

Over the past month, we removed 31 additional active dependents from coverage based on survey responses from members. Many of these were adult children who either have their own coverage or are in the military. There were no major surprises regarding the individuals who remained on coverage. Additionally, we removed 21 retirees from coverage. In total, we have removed about 82 dependents as a result of the audit submissions from our employees and retirees.

So far, just over half of our membership has submitted their responses, and this number continues to grow rapidly as we reach out to them. The total savings from this process are approximately $692,000 for the general fund, which represents the state's share of the premium costs for continuing coverage for these individuals.

Hinge/Upswing update:

This is the update for the second quarter. Here's a quick refresher on the relaunch of the Upswing and Hinge Point Solution.

The relaunch technically began in January; however, we didn't engage in any significant marketing until March. That's when Hinge sent out mailers in bulk, three in total, between March and May. We also distributed an all-user email to support these efforts further.

As a result, we noticed a considerable uptick in engagement during the second quarter. We anticipate even more robust numbers as we move into the third and fourth quarters, which is why we are sharing this information today.

Upon reviewing a high-level overview, the chronic program under Hinge provides us with eligibility numbers indicating the number of adults who qualify for our plan. As of June, there were 1,500 members who engaged with the program.

The majority of these cases involve chronic conditions, while some pertain to acute issues; these would typically fall under the Upswing category. Additionally, surgery-related cases involve patients who have recently undergone surgical procedures and may need extra support. Many of our providers automatically incorporate follow-up physical therapy for these surgery patients, so it's common for them to have that care already in place.

Among those who called in, the most prevalent areas of concern were shoulders, backs, and hips.

The marketing campaign began with a launch in January, but the mailers started landing in April and May. By June, there had been a slight decrease in engagement. However, we have an upcoming campaign planned, which will follow a similar format, consisting of three mailers and outreach to our existing users via email in October.

We are proceeding carefully with the outreach to our plan members. The messaging will focus on promoting our healthy living programs, encouraging participation in options like Hinge and Virta, even outside of major campaigns. We want to assess how the year progresses and may adjust our strategies to meet our members' needs better.

A notable aspect of this virtual program is that employees will face no copay, making it accessible. It is designed to cater to diverse preferences, while the app is efficient and user-friendly, we recognize that not everyone prefers virtual solutions. Therefore, we want to allow our members to engage in the way that works best for them.

Many individuals experience chronic pain and have tried physical therapy, which typically requires attendance at sessions. The virtual app may offer a flexible alternative, providing a range of pre-scripted exercise programs that users can access at their convenience. This could be a valuable tool for those looking to manage chronic conditions without pursuing surgery.

One of the main objectives of this initiative is to decrease pain. Reports indicate that participants in the chronic pain program were able to achieve a 47% reduction in pain within 45 days. While one surgery case showed improvement, we are sharing our findings to establish benchmarks for success. We hope to see even greater reductions in pain as participation increases, particularly in the third quarter, when we expect more comprehensive engagement with the program.

Feedback from a participant in Connecticut with chronic back pain has been positive; they reported feeling better than they have in months. We are optimistic that more individuals will benefit from the easy access to this care and find relief through the program. This is essentially where the marketing originated.

In addition to pain symptom reduction, there are similar positive outcomes. This time, the focus is on chronic back pain. They also offer a women's pelvic health program, which is an area that is largely unmatched or under marketed. Many women experience issues related to various factors, including postpartum changes, menopause, aging, or just general health concerns. This program addresses needs that have not been catered to before, and it's encouraging to see people benefiting from it.

This service is truly helping individuals manage symptoms they may not have known where to turn to or that are not commonly associated with seeking physical therapy.

As for overall satisfaction, the program has an NP score of 70, which is considered very good. Many of these scores are derived from participants' experiences during their care, particularly around pain thresholds and symptom reporting. The frequency of these assessments can vary based on the specific program a participant is in.

Throughout the process, they periodically inquire not just about pain levels and symptom reduction but also provide options for participants to message physical therapists directly. Coaches are available at all times to encourage users along the way. They also ask about productivity, which is somewhat subjective, but leads to insights such as whether participants feel more productive at work or are experiencing less pain.

They do inquire about your mental health, connecting the pain and discomfort of symptoms to mental well-being. This is part of self-reporting, but it's evident that many individuals genuinely associate their condition with their mental state. They often feel better when their pain diminishes or when they experience increased mobility, regardless of their chronic condition. It's important to note that this connection is measured.

On the acute side, we have an upswing process. When someone visits the website and clicks to start their orthopedic care, they first complete a short survey that identifies them as a member of the Connecticut Health Plan. Based on their responses, if they indicate a chronic condition lasting over six weeks, they are quietly directed to the Hinge Health platform. If their condition is acute and less than six weeks old, they are directed to the Upswing platform.

At Upswing, members can engage with a coach through messaging or schedule a conversation if they prefer. If necessary, they can also consult orthopedic specialists for assistance and triage, especially since the injury is new. The goal is to prevent acute injuries from developing into chronic conditions.

Currently, 228 members are enrolled with Upswing Health. They utilize a symptom assessment tool, and the care team has engaged 83 of these individuals. While the average score for symptom management was slightly lower, this discrepancy may be attributed to the different scoring methods used by Hinge Health.

We are investigating whether the Upswing re-engagement with the members will yield an improvement in those scores. More updates will follow on this matter.

The similarities between the two cases are quite apparent, with one being chronic and the other acute. In terms of pain reduction, there is a more defined discharge timeline for acute injuries, allowing for more focused work with the patient. The team can monitor the pain levels, which have shown an average improvement of 40%. Patients are evaluated every two weeks until they feel confident in continuing their recovery independently, either with exercises or without ongoing coaching.

If a patient's condition deteriorates and transitions from acute to chronic, especially if the issue persists beyond six weeks, they are referred to Hinge behind the scenes. This referral system creates a seamless experience for the members.

The team also assesses functional improvements, particularly in common areas affected by both acute and chronic conditions, such as the lower extremities (knee and ankle), lower back, and shoulder. For these acute injuries, functionality has been shown to improve across all areas of function. Generally, patients do not need to transition to a chronic program; however, ongoing support is available if any issues persist.

Joshua Wojcik – Invited other questions or comments from committee members and the public. There were no additional questions or comments; call for a motion to adjourn.

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

The meeting was adjourned.