

**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
May 12, 2025**

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

Attendance:

Labor	State Comptroller Administrative Staff
Carl Chisem – CEUI	
Dan Livingston – 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:

As of last week, with data updated through mid-April, we are maintaining a surplus of approximately \$29.7 million in the active health appropriation accounts. This figure aligns closely with what we observed last month, indicating stability in the active healthcare accounts, which function similarly to checking accounts where we process our claims and fees.

Looking ahead, we anticipate a surplus of about \$34.2 million for the coming year. It's important to note that we have IBNR values, which will increase this overall balance. We aim to maintain a healthy balance in the retiree health appropriation accounts. Previously, we discussed the impact of Medicare rates on premium values.

From January 1st through the end of the year, we expect to close the retiree health appropriation accounts with a \$35 million deficit. However, in the retiree health OPEB FAD accounts, from which we pay all claims and fees, we are fortunate to have a strong surplus of about \$229 million.

In the active health FAD accounts, we've seen an increase of about \$15 million in claims costs in the past month compared to our expectations. This indicates a continued overall rise in claims, which is why the balances in those accounts have slightly decreased.

Partnership:

As of May 1st, we have 172 groups enrolled in Partnership 2.0, totaling just under 26,000 employees and over 61,000 members. We have 14 new groups joining, which will add approximately 7,125 members. Additionally, one group will terminate in July, and one group will transition from Partnership 1.0 to 2.0, contributing around 3,000 lives and over 6,000 members.

At the end of April, we hosted two quarterly update meetings for existing groups, and all renewal notices for both Partnership 1.0 and 2.0 have been sent out. Currently, in Partnership 1.0, we have five groups remaining, soon to be reduced to four, totaling approximately 2,425 employees and 3,500 members.

High-Level Utilization:

We are reviewing the data from the past 12 months, noting that this reflects claims through the end of March. Currently, we are seeing a total trend of 9.1%. While there are improvements in inpatient facilities—with a trend of 9.9%—this is the first time we have seen a figure not in double digits for some time.

We initially saw increases of 15-17% in the pharmacy sector, but that has now moderated to 12.6%. Unfortunately, we have observed an uptick in outpatient facilities and professional services, with trends rising to 8.2%.

We are still experiencing a significant trend, which we will continue to monitor. We aim to implement additional programs and policies to manage these trends as we move forward. This situation is a challenge for us and is being felt more broadly across the marketplace, creating budgetary concerns of March. Currently, we are observing a total trend of 9.1%.

Inpatient facility claims show some improvement; although we are at 9.9%, this is the first time the figure hasn't reached double digits. On the pharmacy front, we initially saw increases of 15-17%, but we've now moderated that to 12.6%, which is a positive sign.

However, outpatient facilities and professional services have risen by 8.2%, which is concerning. Overall, we are still facing a significant trend that we must monitor. We will continue to implement additional programs and policies to manage these trends as we move forward.

This is a challenge we are facing not only individually but is also seen more broadly across the marketplace. It poses a substantial concern from a budgetary perspective.

Communications Update:

In recent months, the impact of Care Compass emails has been noticeable. We have been sending out about two emails per month, partly due to various factors but also because we are ramping up the redesign of Care Compass, which I presented last month. This new design has been carefully crafted to help our employees and retirees find information more easily.

As we prepare for this month's open enrollment, we are focusing on getting more information out. One of the recent updates is the launch of Hinge Health, our orthopedic solution that combines resources from Hinge with Upswing Health. This initiative launched softly in January, but a more formal marketing push began in March and continued into April and May. We are starting to see increased participation, and we expect to learn more about this program in the future.

Additionally, as we always do, we have shared information about supplemental benefits and have started teasing the upcoming open enrollment at the end of April. Looking at the open rates, we can see a significant increase in engagement in these categories, indicating that our employees are interested in the information, particularly on topics they may not have felt fully informed about.

The discussion of supplemental benefits is long overdue, and we finally found the right moment to address it amid all of our new programs and pages. This is an opportune time since we will be discussing these benefits during our live open enrollment event and on our web pages, directing people to the supplemental benefit information.

This is all positive because it encourages people to pay attention, learn about programs they may not have been aware of, and clarify existing information. Overall, I believe it's a win. Open enrollment also attracts a considerable audience, and we've noticed fluctuations in our audience sizes. This is typical in the email marketing world.

We are also in the process of updating our DAS email for all our state employees, which occurs randomly based on when we receive updates. Furthermore, we are successfully uploading data from Quantum. Encouraging individuals to log in and register on the Quantum Benefits and HEP Portal will help us maintain a more accurate and usable email system.

Looking ahead to May, we are already observing a larger audience engagement and content activity. I am highlighting some of these aspects we monitor as we analyze our emails and other data collected from Facebook and our website usage.

Question: *What kind of emails are planned for open enrollment in May?*

Answer: *It started in May, and our focus is driving people to Care Compass's benefits enrollment page, which lists the premiums, comparison charts, and quizzes related to the medical plan.*

We also revamped our medical plan quiz to make it even more interactive. Users can see how choosing different priorities impacts the best plan for them. Additionally, the Cigna Plan quiz was updated to reflect some recent changes to the dental plan options. We are committed to providing all the necessary resources.

We hosted a live event on Thursday, which turned out to be one of our most successful in years. Over 1,100 people registered, and nearly 800 attended. More than 500 questions were submitted, many of which were different versions of the same theme. After conducting an analysis, we found that many inquiries were driven by recent mailers sent to homes. People were asking about networks and eligibility, highlighting current trends we are monitoring.

We ensure that all relevant information is available on Care Compass or will include it in our next communications. Based on feedback, we are continuously adapting our open enrollment emails. For instance, one email will typically review all the medical plan options, while the next will focus on dental plans.

We have multiple channels through which we receive questions, such as replies to our MailChimp and Care Compass emails. We are gaining a strong understanding of what information is clear and what isn't. We have an OSC Open Enrollment email, and a Care Compass email dedicated to addressing concerns. We are effectively fielding inquiries and directing questions that may not pertain to us, all while gaining valuable insights into what issues are on people's minds.

Question: *Could any of them include a subject about Hartford Healthcare joining the network? I want to ensure that every member knows this, as it makes a difference.*

Answer: *The information is widely circulated, and people are very much aware that it was included in the Mailer as part of the news regarding the medical plans. It's prominently featured at the top of the benefits enrollment page under the "Quality First" section, which we knew would be important.*

In past years, we received questions about which plan does not include Hartford Healthcare. We recognized this as a significant concern, and the information is now being shared in all communications.

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.

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

The meeting was adjourned.