



# Health Care Update

NOVEMBER 12, 2024



- Public Comment
- Financials (Rae-Ellen)
- Partnership (Bernie)
- High-Level Utilization (Josh)
- HEP Compliance Update 2024 (Rosanna)
- Communications (Betsy)
- Quantum Performance



# Public Comment



<b>FY 2024-2025 Anticipated Year End Health Account Balances</b>		
<b>Budget Review 10.15.24</b>		
<b>Active Employee Healthcare Appropriation</b>		
<b>Projected Appropriation Balance:</b>	<b>\$</b>	<b>33,209,324.37</b>
<b>Active Employee Healthcare FAD Accounts</b>		
Projected Active Health FAD	\$	119,039,633.99
Projected Active Rx FAD	\$	-37,809.91
<b>Combined FAD Balances:</b>	<b>\$</b>	<b>119,001,824.08</b>
<b>Retired Employee Healthcare Appropriation</b>		
<b>Projected Appropriation Balance:</b>	<b>\$</b>	<b>-34,717,669.50</b>
<b>Retired Employee Healthcare OPEB FAD Accounts</b>		
Projected Retiree Health	\$	194,604,103.83
Projected Retiree Rx	\$	38,305,506.21
<b>Combined FAD Balances:</b>	<b>\$</b>	<b>232,909,610.05</b>



## **Partnership 2.0**

As of 11/1/24 we have 168 groups enrolled totaling over 25,000 employees and just over 60,000 members.

At the end of October final rate letters were sent to existing group leads regarding the rerate in the Medicare Advantage Plan.

Last week quarterly partnership meeting invitations were emailed to our group contacts. Those dates/times are 11/18 at 9 am and 11/21 at 3 pm. We plan to provide an early rate range projection for the 7/1/25 renewal during these times.

## **Partnership 1.0**

As of 11/1/24 we still have 5 groups remaining totaling approximately 2,500 employees and 3,500 members.

# Actives & Non-Medicare Retirees

## All Plans

# Utilization Dashboard

Current Period: Incurred Aug 2023 – Jul 2024  
 Prior Period: Incurred Aug 2022 – Jul 2023

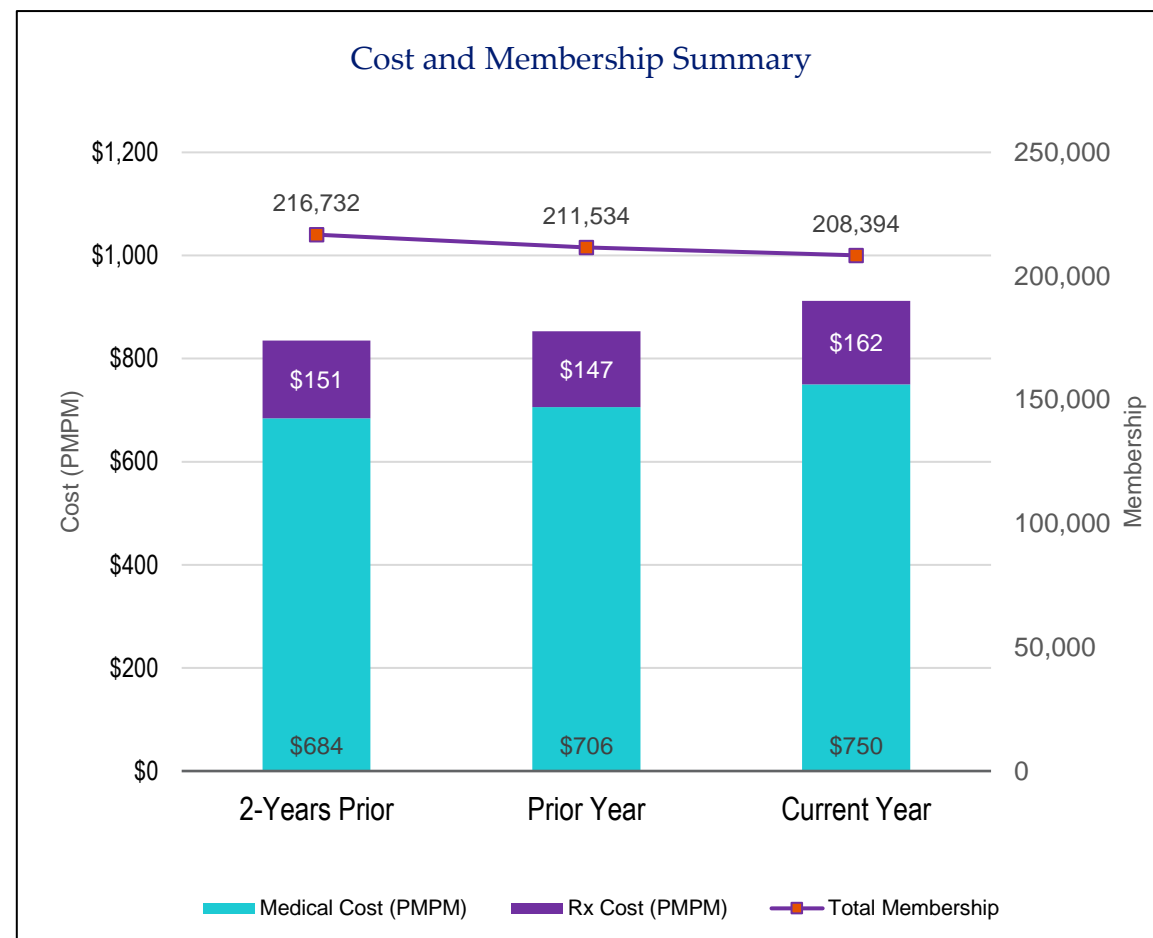
### Claims Summary<sup>1</sup>

	Total Cost (PMPM)	% of Total Cost	Current Trend
<b>Medical</b>	<b>\$750.15</b>	<b>82%</b>	<b>▲ 6.3%</b>
Inpatient Facility	\$151.66	17%	▲ 9.9%
Outpatient Facility	\$294.55	32%	▲ 5.5%
Professional Services	\$281.59	31%	▲ 5.3%
Ancillary	\$22.35	2%	▲ 5.1%
<b>Pharmacy<sup>2</sup></b>	<b>\$161.87</b>	<b>18%</b>	<b>▲ 10.0%</b>
<b>Total Cost</b>	<b>\$912.02</b>		<b>▲ 6.9%</b>

### Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$90.01	\$80.27	▲ \$9.74
Inpatient - Medical	\$45.91	\$38.25	▲ \$7.66
Outpatient - Surgery	\$93.35	\$86.42	▲ \$6.92
Inpatient - Surgery	\$65.49	\$60.74	▲ \$4.75
Outpatient - Pharmacy	\$54.86	\$50.73	▲ \$4.13

### Cost and Membership Summary



### Observations

- PMPM medical costs have increased 6.3% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 10.0% YoY and accounted for 18% of total spend.
- The second table above illustrates the top 5 drivers of trend. Prescription Drugs - Brand was the top driver of spend on a PMPM basis, increasing \$9.74 PMPM over last year.

<sup>1</sup> Reflects paid claims through September 2024. Claims for the current period have been completed using a factor of 0.95

<sup>2</sup> Pharmacy costs reflect PrudentRx savings.

# Total Compliance - State

## 2024 HEP Throughout the Year

Total Households: 63,802	5/2/24	6/4/24	8/7/24	9/4/24	10/4/24	11/4/24
Compliant	8,808 (14%)	14,069 (22%)	22,766 (36%)	25,192 (40%)	31,862 (49.9%)	37,774 (59.1%)
Non-Compliant	53,145 (86%)	49,253 (78%)	40,976 (64%)	38,557 (60%)	31,941 (50.1%)	26,116 (40.9%)

Total Participants: 133,096	5/2/24	6/4/24	8/7/24	9/4/24	10/4/24	11/4/24
Compliant	39,882 (31%)	53,746 (41%)	74,040 (56%)	78,954 (59%)	89,439 (67.2%)	98,313 (73.7%)
Non-Compliant	88,168 (69%)	77,198 (59%)	58,499 (44%)	53,755 (41%)	43,658 (32.8%)	35,029 (26.3%)

# Total Compliance - Partnership

## 2024 HEP Throughout the Year

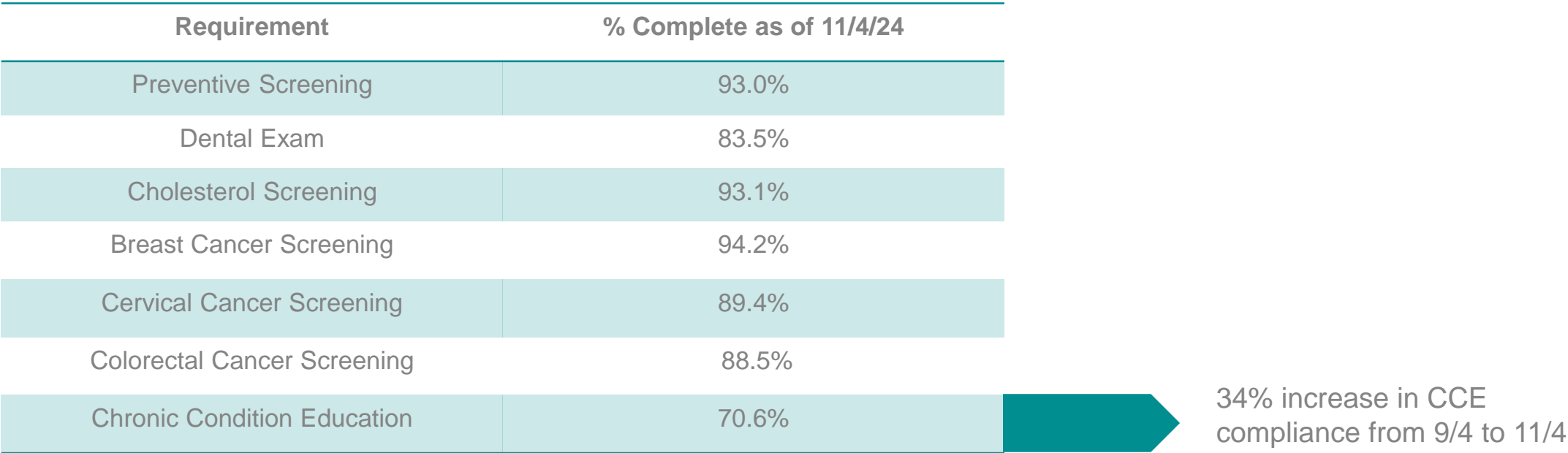
Total Households: 23,010	5/2/24	6/4/24	8/7/24	9/4/24	10/4/24	11/4/24
Compliant	2,855 (13%)	4,462 (20%)	7,358 (32%)	8,451 (37%)	11,047 (48.0%)	12,673 (55.0%)
Non-Compliant	19,537 (87%)	18,464 (80%)	15,599 (68%)	14,474 (43%)	11,964 (52.0%)	10,368 (45.0%)

Total Participants: 49,490	5/2/24	6/4/24	8/7/24	9/4/24	10/4/24	11/4/24
Compliant	13,637 (29%)	18,083 (37%)	25,162 (51%)	27,434 (56%)	32,460 (65.5%)	35,089 (70.7%)
Non-Compliant	34,205 (71%)	30,828 (63%)	24,040 (49%)	21,841 (44%)	17,031 (34.5%)	14,517 (29.3%)



# Compliance at the Requirement Level

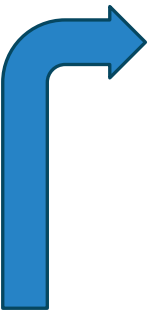
2024 totals



# Monthly All-User Email Impact



Email Topic	Sent*/Group	Open Rate	CTOR
<b>Flexible Spending Account- Open Enrollment (TASC)</b>	State – Oct 1, 24	23% avg	20% avg
	State personal – Oct 1, 24	47% avg	5% avg
<b>Wellbeing/Chronic Condition (HEP) + the benefits spotlights</b>	State – Oct 3	17%	7%
	State personal – Oct 3	41%	2%
	SPP – Oct 3	45%	4%
<b>Diabetes Prevention Program (DPP) Class #13 registration (reminder)</b>	State – Oct 8	16%	8%
	State personal – Oct 7	44%	2%
	SPP - Oct 7	50%	4%
<b>Benefits Spotlight Series*</b> Oct dental event on 10/17 + Quantum (Sept) on-demand link + Nov Diabetes registration link	State - Sept 11	19%	8%
	State personal - Sept 15	47%	2%
	SPP - Sept 11 + 19	53%	4%
<b>HEP reminders</b> deadline 12/31, check status in the portal, new hire, chronic condition, 'Fix This' feature/claims lag	State – Oct 22	28%	48%
	State personal – Oct 23	57%	28%
	SPP – Oct 22	65%	31%



	Webinar Date	Registration	Attendance (unique)	On-Demand (as of 11/7)
Quantum Health/HEP Portal	9/26/24	656	317	378
Cigna Dental- OHIP	10/17/24	752	293	291
DPP/Diabetes	11/21/24	332 to date	(TBD)	(TBD)

## (Nov) Portal Sliders: HEP, Diabetes, Providers of Distinction



Open Rate = Unique Opens / Deliveries; Industry standard = 23.7%; CTOR = Unique Clicks / Unique Opens; Industry Standard = 13.4%; Emails were also sent to agency/group benefit contacts, call centers, Judicial and Higher Ed, HCCC representatives' \*\*Facebook posts created and boosted (ads) to align with all-user topics each month; additional' marketing may include a slider featured on the QH benefits portal

# Quantum Health Performance Review

## State of Connecticut

October 9, 2024

# State of Connecticut: Highlights and Insights

## Member Engagement & Clinical Outreach Success

- 62% Member Engagement
- 99% Engaged with High-Cost Claimants (\$100K+)
- 96% of the population eligible for clinical outreach are engaged

## Delivering Value through Quantum Health

- Increased HEP Compliance: 16% Members and 22% Household
- 92% of total claims dollars managed by Quantum Health
- 79% of the high-cost claimants had a Real-time Intercept
- 72 Overall Member NPS Score

## Top Conditions by Cost & Prevalence

- Largest Spend: Cancer, Mental Health and Gastrointestinal
- Top Conditions (Prevalence): Health Status/Encounters, Mental Health and Musculoskeletal

“I am calling to sing the praises of Tanisia. **She quite literally saved my husband's life**, by her advocacy and her help”



Providing a single healthcare and benefits navigation platform



Driving proactive, ongoing member engagement



Effectively managing costs with Real-Time Intercept®

# Experience Impact

## Building connections and trust for a better healthcare experience

**3.6**

Average engagements  
per member

**1.4**

Topics per  
conversation

**8.4**

Average engagements  
per provider

**71**

**Member Net Promoter Score**

Industry average: 30

### Why it matters

We develop trust and provide expert guidance by anticipating underlying needs and addressing questions and concerns members might not realize they have.

“As a newcomer to the plan, I had multiple questions and was feeling quite overwhelmed. However, Tony was **personable, friendly, and patient**, delivering exemplary customer service while navigating my inquiries **effectively and efficiently**. Thanks to his assistance, I was able to eliminate numerous items from my to-do list. I am genuinely impressed and grateful for his help. Thank you”

“If every company in healthcare cared this much, the world would be a much better place.”

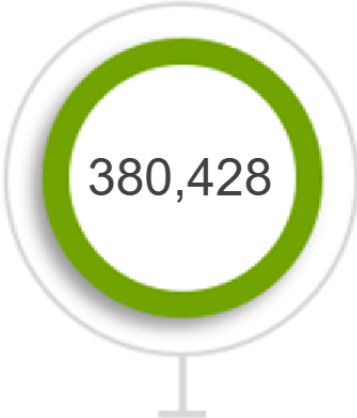
“She was so **helpful, and so compassionate**. Just dealing with her relieved a lot of my anxiety that I was dealing with, when trying to make sure that I am taking care of my compliance. **She was awesome**, and I wanted someone to know. She also helped me with my CCE bonus questions as well. She was so awesome, she is such a great team member, and care coordinator. Thank you very much!”

# Modes of Engagement

## Telephonic



AI Assisted Provider Call

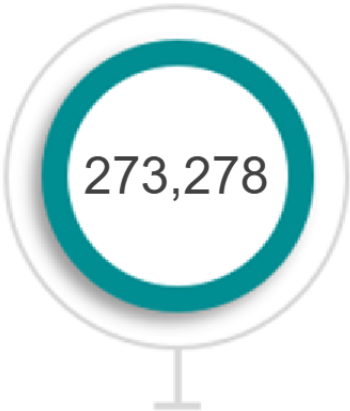


Warrior Calls

## Digital Experience



Secure Message



Self Service



Chat

- Most used sections:**
- Claims
  - Find provider
  - Benefits

Metrics are based upon activity count, not a distinct member count  
Emails and Faxes are included in Secure Messages  
This report includes member, provider, and partner activities

# Experience Impact

## Building connections and trust for a better healthcare experience

**3.4**

Average engagements  
per member

**1.4**

Topics per  
conversation

**9.5**

Average engagements  
per provider

**74**

**Member Net Promoter Score**

Industry average: 30

### Why it matters

We develop trust and provide expert guidance by anticipating underlying needs and addressing questions and concerns members might not realize they have.

"I wanted to give recognition to Tammy Colburn as she went **above and beyond**. There is a doctor I to see who is in network with the plan but ran into some issues with claims being out of network. She **went out of her way** to call the doctor's office to verify their new address, network status, and to help with the claims. I really appreciate that she went the extra mile for me!"

"Teri was fantastic. We need more people like her! I appreciate all her help today."

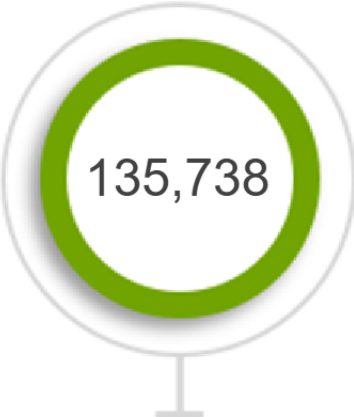
"I had the pleasure of speaking with Care Coordinator Kareli today, and her assistance was **truly exceptional**. With remarkable efficiency, she reached out to various individuals and successfully **resolved my issue in a single phone call**. Despite my initial apprehension about the call, Kareli's professionalism made the process seamless and enlightening, as she imparted valuable knowledge during our interaction. I am sincerely grateful for her outstanding support."

# Modes of Engagement

## Telephonic



AI Assisted  
Provider Call



Warrior Calls

## Digital Experience



Secure Message



Self Service



Chat

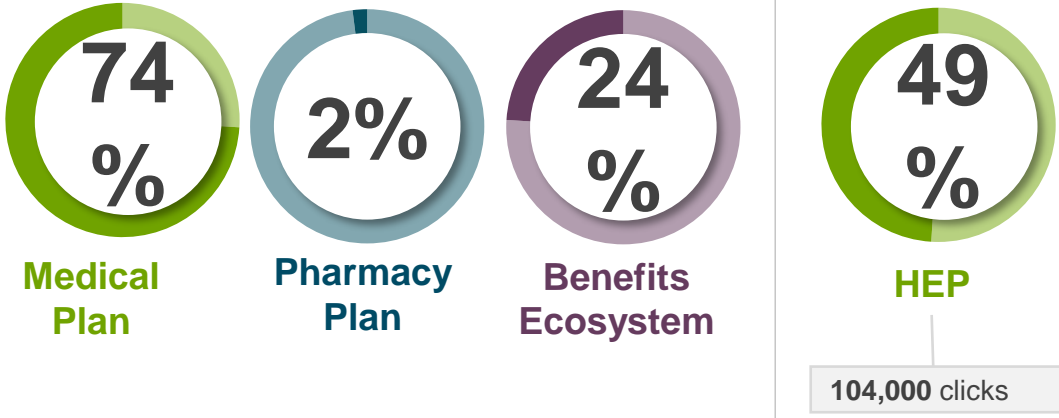
- Most used sections:**
- Claims
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# Member Engagement Topics

## Insights from your Quantum Health Pod



**Why it matters**

Your Quantum Health Pod develops trusted relationships with you members and have unique insights into how your population experiences healthcare and benefits.

**Top Benefits Quoted**

1. Networks
2. Deductible/Out of Pocket
3. Office Visits
4. Diagnostic Services
5. Surgery

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**Top Referrals**

1. Flyte: **67% of engagement referred by QH**
2. Anthem LiveHealth
3. Upswing **65% of engagement referred by QH**
4. Virta Health **13% of engagement referred by QH**
5. Providers of Distinction

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**Hot Topics For Your Members**

- Submitting claims through the Anthem Portal
- Lab services at New Haven Hospital
- Claims processing incorrectly through Anthem

# Utilization Management Overview

## Streamlining utilization management for providers and members

**191,680**

Authorizations Processed



**Authorization Approval Rate**



**Approved Out-of-Network Authorizations**

**7,565**  
Completed Concurrent Review

**2,667**  
Completed Physician Review

**101**  
Provider Redirection

### Top Authorization Approvals

1. Cancer - colon
2. Pulmonary testing
3. Gastrointestinal testing

### Top Authorization Denials

1. Chronic conditions cardiac
2. Cardiac episodes
3. Pulmonary testing

### Insights

- Consider authorizations for developmental delay
- Prior Auth requirement for genetic testing has improved the member experience
- Out-of-Network Authorizations are around PT and Sleep Apnea appliances
- 22 appeals overturned due to receiving more information
- 49 appeals member-initiated and 105 provider-initiated

### Why it matters

Quantum Health's utilization management ensures that members receive the right care at the right time, reducing unnecessary treatments and costs.

# Real-Time Intercept<sup>®</sup> Opportunities to Impact

Quantum Health engages and intervenes earlier to drive better outcomes



**25,078 members** engaged through Real-Time Intercept<sup>®</sup>,  
**50 days** prior to the claims trigger month on average

Top Diagnosis	Cost (PMPM)
Cancer	\$788
Gastrointestinal	\$569
Musculoskeletal	\$506
Neurological	\$429
Mental Health	\$425
Cardiac	\$423

**3.7**  
 Average engagements per member

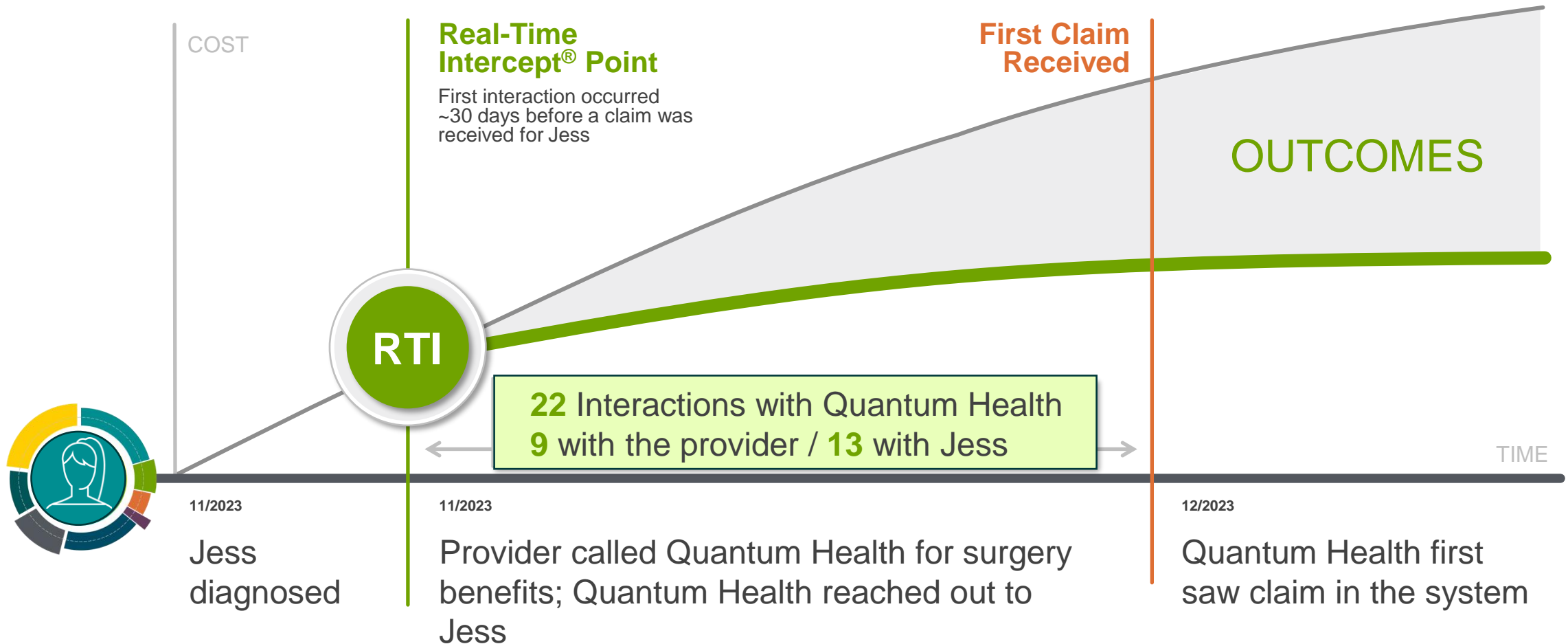
**2.3**  
 Average authorizations per member

**6.4**  
 Average engagements per provider

Utilization Prior to Trigger Month	Visits
Emergency Department	9,764
Urgent Care	6,242
Outpatient Surgery	13,835
Office Visit	130,559

# RTI helps deliver improved clinical and financial outcomes

Guiding Jess through a cancer diagnosis 22 times before the first claims



# Utilization Trends

Navigation leads to better healthcare utilization

## DRIVING APPROPRIATE UTILIZATION

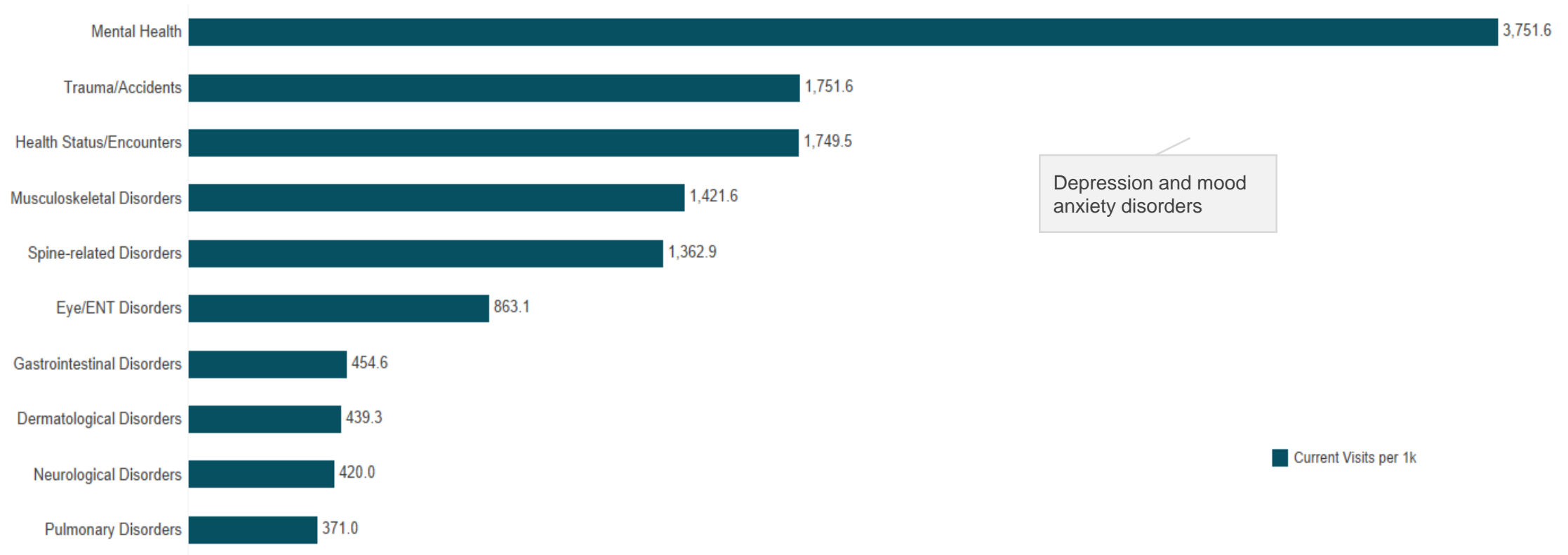
94.1% HEP 2023	86.9% Primary Care Relationship	99% Claims Spend In-Network
27.4% Urgent Care Use	5.5% ER Use	2.0% Telehealth Use

## REDUCING WASTEFUL UTILIZATION

(3.1%) Mental Health Admissions	(10.0%) Average Length of Stay	(4.4%) Inpatient Days
(29.4%) CT Scans	(10.2%) SNF Days	(2.1%) MRI Scan

# Top Conditions by Prevalence

## Analyzing where members are using their benefits



Note that members can be associated with more than one condition.  
Top 10 conditions based on number of visits in the reporting period are displayed.  
The data used on this dashboard is a on paid-date basis instead of service-date basis.

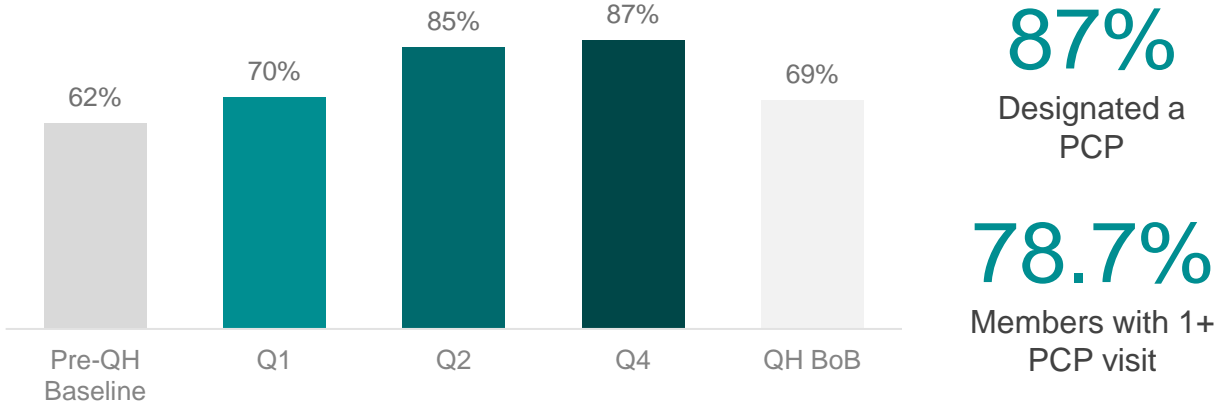
# Primary Care Provider Utilization

Encouraging primary care providers and routine care

### THE IMPORTANCE OF A PCP RELATIONSHIP

$$\begin{array}{ccc}
 20,896 & \times & \$5665 & = & \$11.8M \\
 \text{Members with a new} & & \text{Estimated excess costs} & & \text{Estimated costs avoided related} \\
 \text{PCP relationship} & & \text{avoided due to PCP use} & & \text{to new PCP relationships}
 \end{array}$$

### MEMBERS WITH A PCP RELATIONSHIP

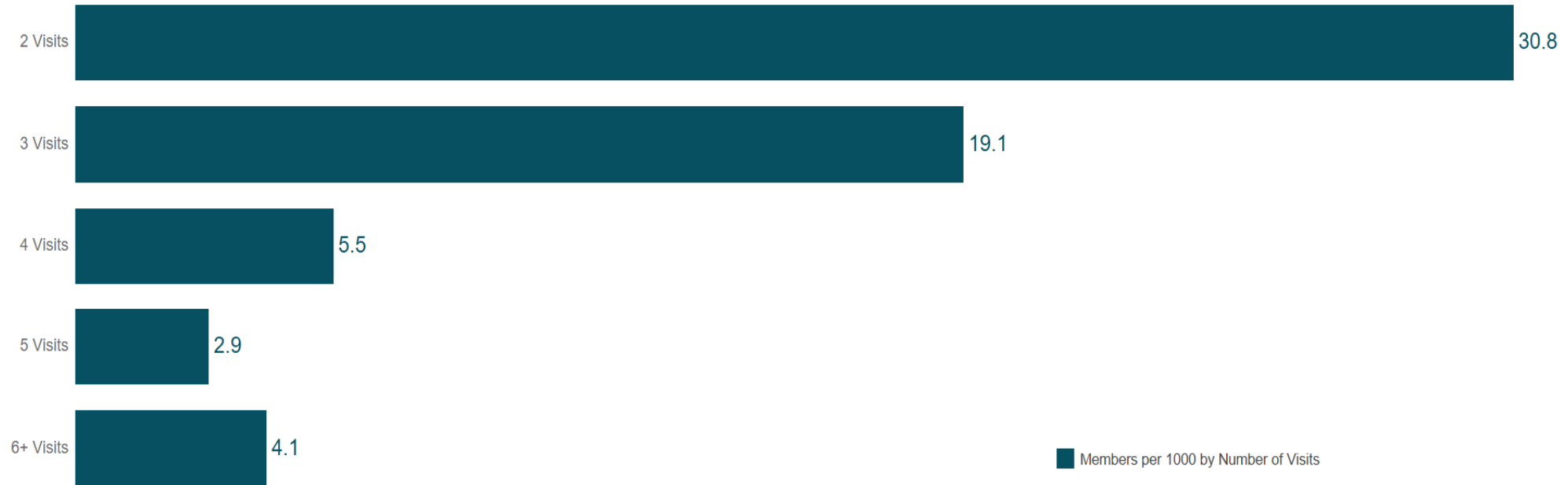


### Insights

- PCP utilization helps to ensure timely specialist care and appropriate referrals, leading to using healthcare more efficiently.
- Regular visits to the PCP helps with early detection of health issues
- PCP utilization can help with managing chronic conditions & the continuity of care
- Members utilizing the ER only 6.1% don't have PCP
- Members utilizing Urgent Care, only 10.4% don't have a PCP

# ER User Frequency

## Intervening on frequent flyers



Members per 1000 by Number of Visits

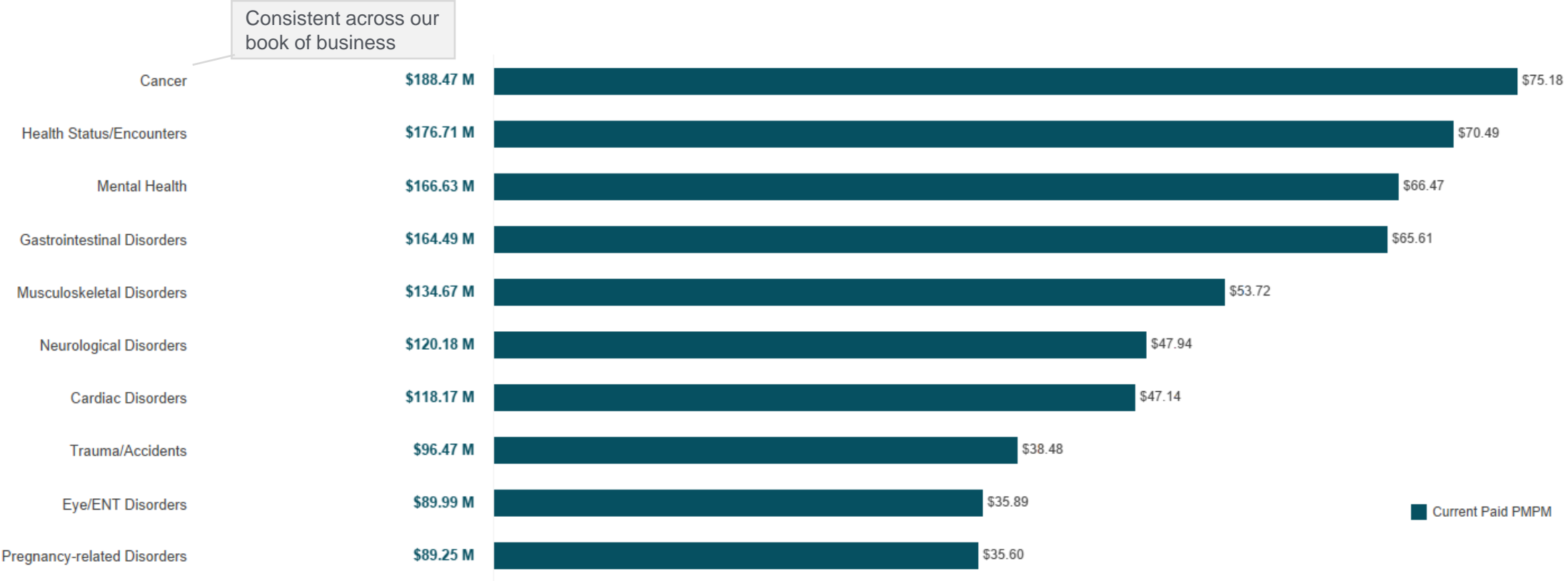
### Top inappropriate diagnoses:

- Headache
- Acute Respiratory
- Low Back Pain



# Top 10 Conditions by Cost

## Identifying High-Cost Conditions to Drive Targeted Interventions



Note that members can be associated with more than one condition.  
 Top 10 conditions based on total paid amount in the reporting period are displayed.  
 This dashboard is calculated on a paid date basis and includes dollar amounts from both eligible and non eligible members.

# Chronic Condition Support

## Clinical care coordination helps close care gaps

Condition	Standard of Care Adherence	Compared to Benchmark	Commercial Benchmark
Asthma	85.3%	+2.9%	82.3%
COPD	45%	+12.4%	32.5%
CAD	61.2%	+9.3%	52%
Diabetes	79.7%	+15.6%	64.1%
Hyperlipidemia	88%	+9.5%	78.5%
Hypertension	84.7%	+13.1%	71.6%

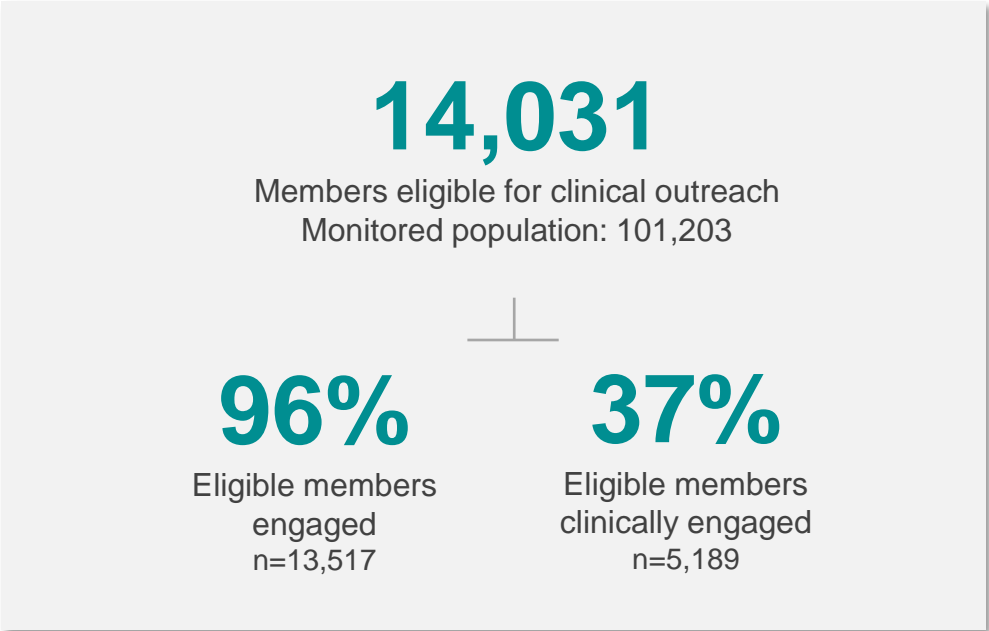
Condition	Count	Eligible for Clinical Outreach	% Engaged	% Clinical Engaged	% with PCP	Prevalence per 1,000
Asthma/COPD	19,047	2,630	97.8%	44.3%	97.7%	91.17
CAD/CHF	6,294	3,153	96.5%	40.4%	98.3%	30.13
Diabetes	14,108	4,495	94.2%	36.5%	95.8%	67.53
Hyperlipidemia	47,576	4,602	97.7%	41.5%	99.3%	227.73
Hypertension	37,175	6,185	97.5%	40.6%	99.0%	177.94

**Insights**

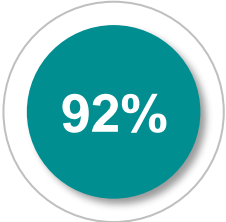
- High Engagement illustrates successful outreach and management efforts
- Hyperlipidemia and Hypertension are the most prevalent within the population
- Continue to focus on the continuity of care
- Encouraging members to manage their conditions

# Clinical Intervention

## Early, ongoing engagement improves clinical outcomes



**Pre-Admission Conversations**  
*Attempted: 100%*

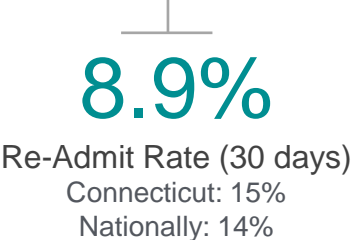


**Utilization Management Concurrent Reviews**

**166**  
Inpatient Days Avoided



**Post-Discharge Conversations**  
*Attempted: 97%*




### Insights

- Top Readmission Conditions: Chemo, Mental Health and Sepsis
  - Consider enhanced coordination for mental health
  - Consider PPOM/ECR
- Opportunity to improve post-discharge engagement

# Provider Relations

## Strengthening Partnerships to Enhance Care Coordination and Patient Outcomes

Provider Group	Status	Cadence
SoNE	Active	Quarterly
Nuvance	Active	Quarterly
YNHH	Active	Quarterly
Connecticut Children's	Active	One-offs
Pro Health	Active	One-offs
Uconn	Active	Quarterly
Hartford Health	Active	One-offs

 **86** Member Net Promoter Score  
n=239

"I work for a hospital, and I had the pleasure of speaking with Mackenzie today. We were working on a very confusing authorization for the mother's twins that are unfortunately in the NICU. Mackenzie went into great detail while helping me and was so knowledgeable. I was actually able to educate our entire UR team here at the hospital with the information she (Mackenzie) passed along. We all agreed that **we wished all insurance companies were this great!**"



# Questions and Comments



**Adjourn**