



# Health Care Update

**JUNE 10, 2024**





- Financials (Rae-Ellen)
- Partnership (Bernie)
- High-level utilization (Josh)
- Quantum stats (Tracy)
  - HEP stats
- Communications (Lisa)
- PCI presentation (Sandra/Tom)



# Public Comment



<b>FY 2023-2024 Anticipated Year End Health Account Balances</b>	
Budget Review 5.15.24	
<b>Active Employee Healthcare Appropriation</b>	
<b>Projected Appropriation Balance:</b>	<b>\$ 845,121.73</b>
<b>Active Employee Healthcare FAD Accounts</b>	
Projected Active Health FAD	\$ 135,064,864.51
Projected Active Rx FAD	\$ 22,150,220.89
<b>Combined FAD Balances:</b>	<b>\$ 157,215,085.40</b>
<b>Retired Employee Healthcare Appropriation</b>	
<b>Projected Appropriation Balance:</b>	<b>\$ 977,930.36</b>
<b>Retired Employee Healthcare OPEB FAD Accounts</b>	
Projected Retiree Health	\$ 207,448,714.07
Projected Retiree Rx	\$ 16,609,754.26
<b>Combined FAD Balances:</b>	<b>\$ 224,058,468.33</b>

## **Partnership 2.0**

As of 6/1/24 we have 156 groups enrolled totaling just over 23,000 employees and approximately 50,000 members.

There are 11 confirmed groups joining for 7/1/24. These new groups will add approximately 2,800 new employees and about 6,300 members in total.

We will be scheduling quarterly update meetings in early July for existing partnership groups.

## **Partnership 1.0**

As of 6/1/24 we still have 5 groups remaining totaling approximately 2,400 employees and just under 3,400 members.

# Actives & Non-Medicare Retirees

## All Plans

# Utilization Dashboard

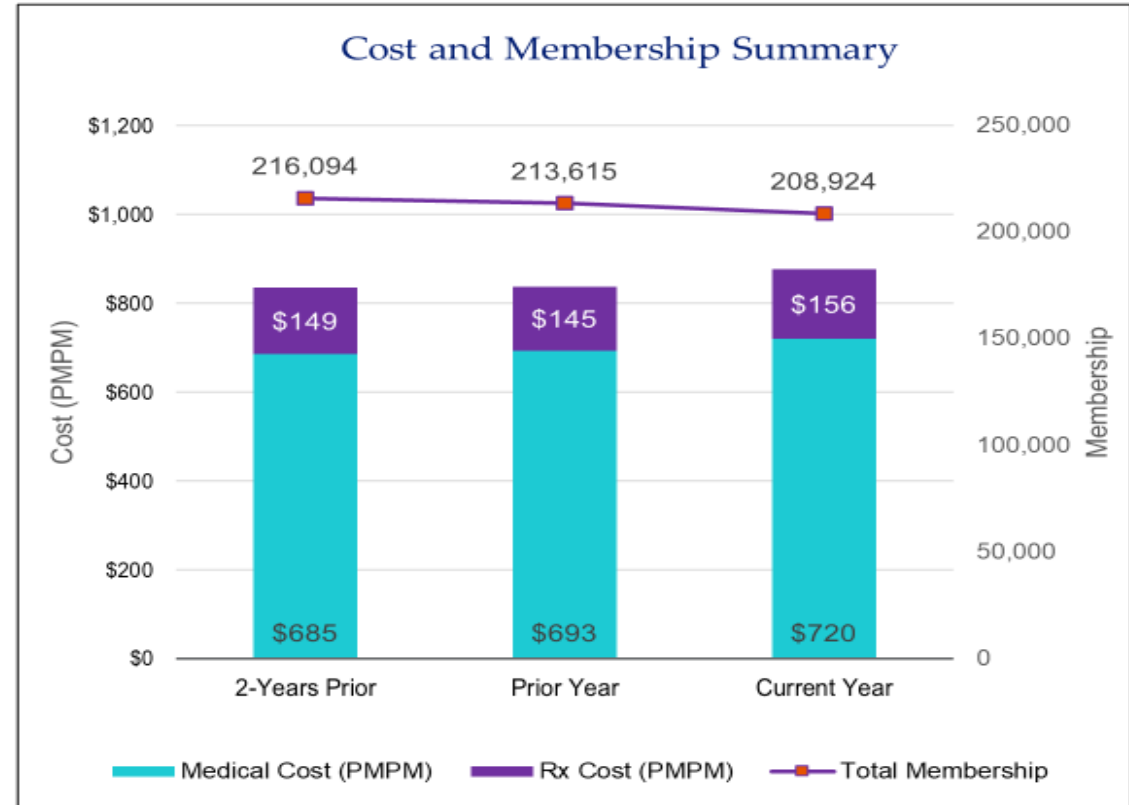
Current Period: Incurred Mar 2023 – Feb 2024  
 Prior Period: Incurred Mar 2022 – Feb 2023

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

	Total Cost (PMPM)	% of Total Cost	Current Trend
<b>Medical</b>	<b>\$720.40</b>	<b>82%</b>	<b>▲ 3.9%</b>
Inpatient Facility	\$136.68	16%	▼ 0.1%
Outpatient Facility	\$286.92	33%	▲ 5.2%
Professional Services	\$275.15	31%	▲ 4.7%
Ancillary	\$21.65	2%	▲ 4.1%
<b>Pharmacy<sup>2</sup></b>	<b>\$155.94</b>	<b>18%</b>	<b>▲ 7.5%</b>
<b>Total Cost</b>	<b>\$876.33</b>		<b>▲ 4.5%</b>

### Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$86.90	\$78.53	▲ \$8.37
Outpatient - Surgery	\$91.19	\$82.93	▲ \$8.26
Inpatient - Surgery	\$56.57	\$64.47	▼ \$7.90
Inpatient - Medical	\$41.38	\$35.48	▲ \$5.90
Professional -E&M	\$50.43	\$47.37	▲ \$3.06



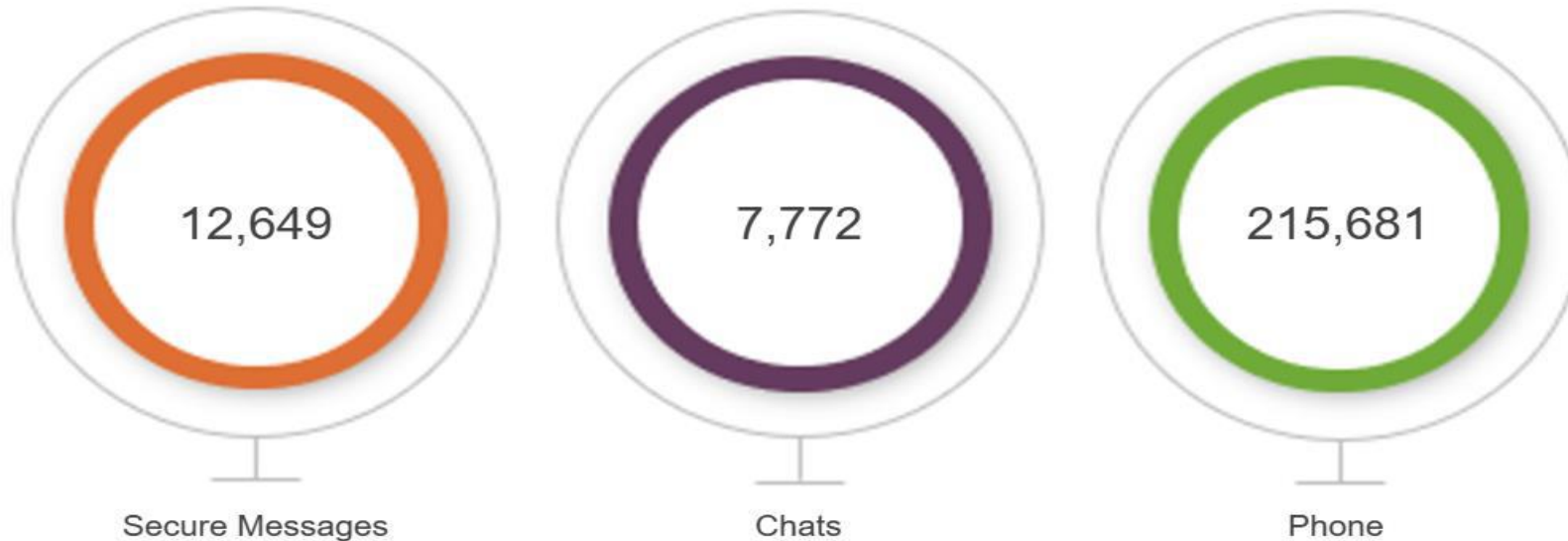
### Observations

- PMPM medical costs have increased 3.9% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 7.5% 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 \$8.37 PMPM over last year.

1 Reflects paid claims through April 2024. Claims for the current period have been completed using a factor of 0.95  
 2 Pharmacy costs reflect PrudentRx savings.

## Modes of successful engagement overview

Engagement Activity



Metrics are based upon activity count, not a distinct member count  
Emails are included in Secure Messages

# Quantum Health Engagement – State



## Driving proactive, ongoing member engagement



Engaged members have had at least one conversation or Quantum Health had a conversation with a provider on their behalf.  
 NPS source: NICE Satmetrix 2022 Consumer Net Promoter Benchmark Study, Health Insurance Industry  
 Digital interactions for a provider can be completed by email, chat, smc, provider portal or fax.  
 Digital engagements for a member can be completed via email, SMC or chat





## Modes of successful engagement overview

Engagement Activity



Metrics are based upon activity count, not a distinct member count  
Emails are included in Secure Messages

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State of Connecticut : 3/1/2023 to 2/29/2024



# Quantum Health Engagement - Partnership



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 NPS source: NICE Satmetrix 2022 Consumer Net Promoter Benchmark Study, Health Insurance Industry  
 Digital interactions for a provider can be completed by email, chat, smc, provider portal or fax.  
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# Open Enrollment Communication Impact

OFFICE *of the*  
STATE COMPTROLLER



Date	OE Marketing Item in addition to mailers, flyers, and Facebook ads.	Email Open Rate Work   Personal   NM Retiree**	Event Attendance unique	Care Compass Users	New Users	Page Views	Engagement Time (averaged)
4/17-23	Email: State Benefits Overview	21%   51%		6,100	4,800	14K	:58s
4/24-30	Pre OE: Get Ready May 1-31	23%   52%   56%		6,700	5,100	16K	1m 25s
5/1-7	OE1: What You Need to Know	22%   52%   53%		10,000	8,000	32K	1m 36s
5/8-14	OE2: Medical Plan Overview	21%   53%   56%		8,800	6,600	26K	1m 28s
5/8	Live Benefits Q&A Event-Active		305				
5/15-21	OE3: Dental Plan Overview	22%   61%   59%		8,800	6,400	25K	1m 22s
5/15	Live Benefits Q&A Event-Active		415				
5/17	Payroll stuffer/Core Digital Flyer						
5/22-31	OE4: Closing Soon	19%   43%   50%		13,000	9,900	36K	1m 16s
5/22	Live Benefits Q&A Event-Active		269				
5/22	Live Event Q&A Event -Retirees		11				
<b>Total Impact 4/17-5/31</b>		<b>18%   52%   55%</b> (averaged)	<b>1,000</b>	<b>48K</b> (+43%)*	<b>42K</b> (+42%)*	<b>151K</b> (+115%)*	<b>1m 33s</b> (+107%)*

\*Percent change compared to Care Compass usage in March 2024

\*\*Active work emails = 31K; Active personal = 25K; Active Spouses = 12K; NM Retiree = 10K. Subscription is dynamic





1. [Benefits Enrollment page](#)
2. Active Dental
3. Active Medical
4. HEP
5. Forms
6. NM Retiree Medical
7. [Medical Decision Guide](#)
8. Retiree Dental
9. Supplemental Benefits
10. New Hire
11. Providers of Distinction
12. Pharmacy
13. Agencies
14. Diabetes Resources

Data collected 4/15-5/31/2024

## Medical Plan Decision Guide Tool Usage (Quiz)

	2024	2023	2022	2021
Visits 4/15-5/31	5,964	4,313	7,068	(n/a)

## Dental Decision Guide Tool\* (Quiz)

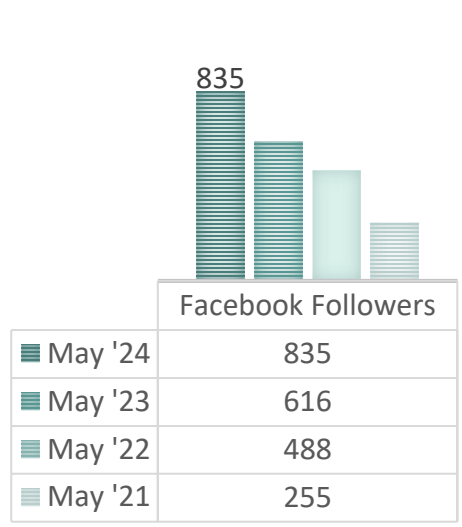
	2024	2023	2022	2021
Total Visits/sessions	5,204	3,945	5,571	3,339
<b>Top Views (4/15/24-5/31/24)</b>				
Dentist relationship			6,598	
Implants			5,487	
Preventive care			5,401	
Ortho			5,275	
Crowns			5,262	
Perio			5,259	
TMJ			5,251	
Dentures			5,242	
Children enrollment			5,176	
Summary			4,837	
Children Services			2,537	

\*Cigna owns the dental decision guide tool.

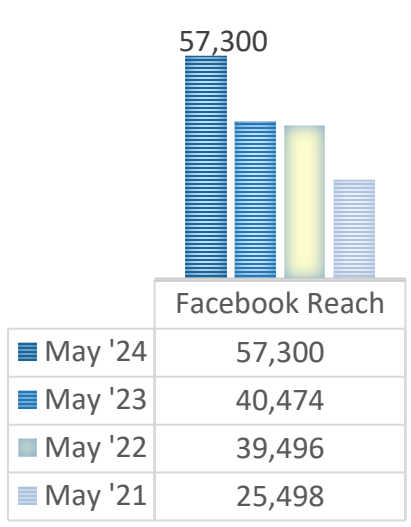




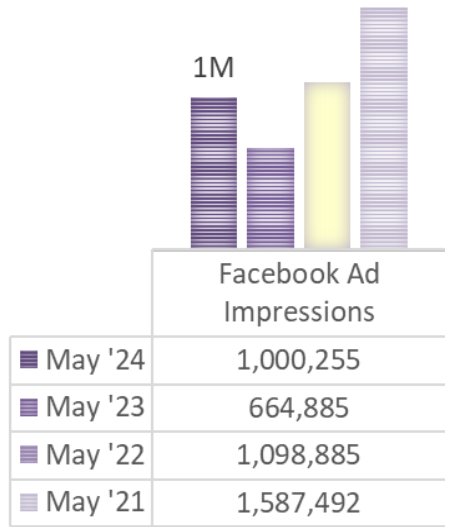
# Facebook Impact



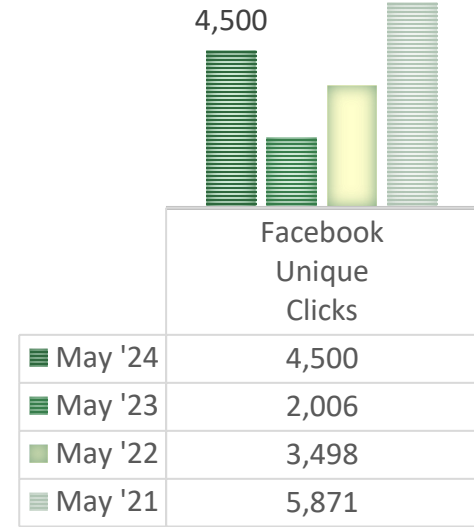
**Facebook Followers**  
are people who have opted-in to “follow” our page, meaning that they will receive our updates in their timeline. The most common way to get followers is when people ‘like’ our page.



**Facebook Reach**  
the number of unique people who see our content. It’s a measurement of our brand’s effective audience. Not every follower will see every single ad or post.



**Facebook Impressions**  
the number of times our ad was viewed on a user’s Facebook timeline. This is an important metric to track because it tells if our ads are compelling.



**Unique Clicks**  
the total number of subscribers that have clicked on any link in a campaign. It does not count how many times each subscriber has clicked on a link. Even if a subscriber clicks on the link twice, it will be counted only once.



## Focus Group Needs Assessment

- Audience: Agency Benefit Specialists/HR Managers
- Topics:
  - Marketing materials, timing, formats
  - Learn agency best practices in reaching employees
  - What Care Compass resources are working/not working

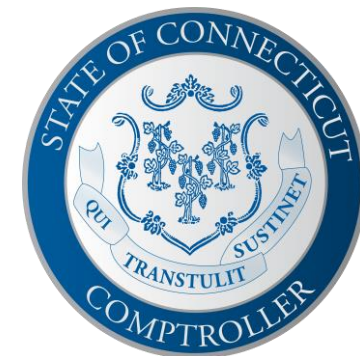
## Care Compass Page Re-design and Navigation

- In development
  - Medical Weight Management page
  - Behavioral Health page
  - Partnership-Two pages:
    - Admin/Prospective group page
    - Plan member page





# STATE OF CT PRIMARY CARE INITIATIVE UPDATE



*June 2024*

# Governor's Executive Order

On **January 22, 2020**, Governor Lamont signed Executive Order No. 5 directing the establishment of a statewide healthcare cost growth benchmark and a **primary care spending target**.

The Executive Order required **CT's Office of Health Strategy (OHS)** to set targets for increased primary care spending in Connecticut as a percentage of total state healthcare spending to reach 10 percent by 2025. It included three major policy priorities:

- 1. Improve affordability of health care
- 2. Improve quality of care, equity and population health
- 3. Support the state's primary care infrastructure

**The Executive Order was codified in state statute in June 2022**



# Objective of State of CT Health Plan Primary Care Initiative

**To improve care coordination and health outcomes for state/Partnership employee health plan participants by:**

- providing additional resources to participating advanced primary care groups to allowing for additional investments in 11 key functions as identified by CT's OHS Primary Care Road Map;
- creating a reimbursement structure with accountability for improving health care quality, patient outcomes, and sustainable long-term costs; and
- improve overall quality reporting and provide feedback on areas needing improvement using the CT Quality Council endorsed Quality Measures

**The payment model is designed to better align incentives of the state as a payer and providers to achieve the above objectives; creating a partnership in which each entity can use the tools at its disposal to work toward common objectives.**



# SOCT Primary Care Initiative

## Key Features

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### **Significantly increase Per Member Per Month Care Coordination Fees**

Require additional resources be used to improve competencies in the 11 focus areas established by the **Office of Health Strategies Primary Care Roadmap**

Quality bonus for performance on the **OHS Quality Council Measure Set**

Accountability through:

- shared risk on total cost of care;
- annual reporting to OSC; and

Provide robust staffing and reporting support to assist participating providers in identifying and leveraging opportunities for care improvement and cost savings

## 2023 SOCT Primary Care Initiative Quality Measures

Measure	Description	Benchmark
<b>All Cause Readmission</b>	For members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	
<b>Asthma Medication Ratio - Adult</b>	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	
<b>Breast Cancer Screening</b>	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	
<b>Chlamydia Screening - Adult</b>	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	
<b>Diabetes HBA1C Control</b>	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at <8.0%	X
<b>Asthma Medication Ratio - Pedi</b>	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	
<b>Child &amp; Adol. Well Care Age 3 -21</b>	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	
<b>Chlamydia Screening - Pedi</b>	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	
<b>Well Child 1st 30 Months</b>	<p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <ol style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits</li> </ol>	

# 2023 Quality Measurement

**SOCT PCI groups receive a composite quality score that represents the percentage of the \$3 bonus each group is eligible to receive.**

- Composite Score Calculations for each measure:
  - Meeting the OHS benchmark (HBA1C for 2023): 1 pt.
  - Showing year over year improvement on the measure: 1 pt.
  - Percentile rank on measure: up to 2 pts. (see chart)
- Scores are normalized as a percentage of total available points for each measure (pts/maximum pts) to determine a final score for each measure
- Scores for all applicable measures are averaged
- The resultant average percentage is the final composite score and is multiplied by the \$3 (the maximum base bonus) to determine final base bonus

## QUALITY BONUS

A quality bonus approximately equal to \$3 PMPM will be paid for performance on quality measures from the Office of Health Strategy's standard measure set.

Quality bonus to be proportionally adjusted based upon quality score achieved.

Unrealized bonus funds to be equally distributed to groups meeting highest quartile of quality scores as additional bonus payment.



# 2023 SOCT PCI Quality Bonus Earnings

Provider Group	Total Potential Quality Bonus Points	Earned Quality Bonus Points	% of Total Quality Bonus Points	Full Quality Bonus PMPM	Earned Quality Bonus PMPM	Annualized Member Months	Projected Quality Bonus Payment	Remaining Quality Bonus PMPM	Excess Quality Pool Adult	Excess Quality Pool Pedi	Excess Quality Pool Top Quartile
CCCN	20	18.4	92.0%	\$3.00	\$2.76	111,777	\$308,505.44	\$0.24	\$0.00	\$156,922.91	Y- Pedi
NEMG	28	20.8	74.3%	\$3.00	\$2.23	134,817	\$300,450.06	\$0.77	\$406,882.84	\$0.00	Y- Adult
PQN Adult	20	12.2	61.0%	\$3.00	\$1.83	90,311	\$165,268.52	\$1.17	\$0.00	\$0.00	N- Adult
PQN Pedi	20	16.6	83.0%	\$3.00	\$2.49	111,007	\$276,406.60	\$0.51	\$0.00	\$0.00	N- Pedi
ProHealth Adult	20	12	60.0%	\$3.00	\$1.80	154,291	\$277,723.95	\$1.20	\$0.00	\$0.00	N- Adult
ProHealth Pedi	16	11.6	72.5%	\$3.00	\$2.18	89,070	\$193,727.79	\$0.83	\$0.00	\$0.00	N- Pedi
Prospect	24	14.2	59.2%	\$3.00	\$1.78	59,956	\$106,421.90	\$1.23	\$0.00	\$0.00	N- Adult
SONE	36	23.4	65.0%	\$3.00	\$1.95	151,688	\$295,791.60	\$1.05	\$0.00	\$0.00	N- Adult
Starling	24	20.8	86.7%	\$3.00	\$2.60	72,740	\$189,124.00	\$0.40	\$219,532.09	\$0.00	Y – Adult
UConn	24	18.4	76.7%	\$3.00	\$2.30	70,416	\$161,956.80	\$0.70	\$212,518.17	\$0.00	Y- Adult
VCA	24	11	45.8%	\$3.00	\$1.38	58,417	\$80,323.83	\$1.63	\$0.00	\$0.00	N- Adult
WCHN	16	12.6	78.8%	\$3.00	\$2.36	40,237	\$95,060.70	\$0.64	\$0.00	\$0.00	N- Adult
Yale Med	16	10.8	67.5%	\$3.00	\$2.03	12,752	\$25,822.80	\$0.98	\$0.00	\$0.00	N- Adult
<b>Total SoCT</b>							\$2,476,583.99		\$838,933.09	\$156,922.91	

Source: Anthem report of SOCT health plan Annualized Member Month Data from 9 Month Medical Cost Performance Reporting by SOCT PCI participant group  
Quality Scorecard performance calculated from 01/01/2023 – 12/31/2023 paid through 3/31/2024



# Medical Cost Performance in SOCT PCI

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- Contracted provider group management of fixed attributed member panel to total cost of care medical cost targets
- Contracts with shared savings opportunity and downside risk
- Medical cost performance targets exclude 2023 care coordination fee payments from the baseline and performance year

# 2023 Medical Cost Performance – Q3 \*

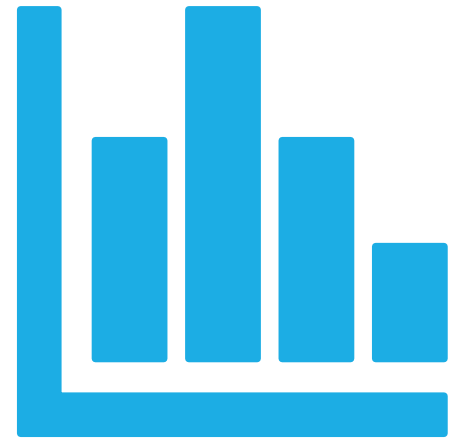
Group	Risk Adj MM	MCB	Prospective Trend	Panel Trend	MCT	MCP	Share Savings %	Downside Risk %	SS/Loss Pool PMPM	Earned SS/Downside	Provider Total Savings /Loss Payments Due	Total Unadjusted Savings/Loss Performance	State of CT Realized Savings/Loss
A	132,176	\$589	5.0%	0.0%	\$597	\$588	25.0%	10.0%	\$6	\$1	\$190,333	\$1,179,010	\$988,676
B	64,794	\$818	5.0%	3.4%	\$847	\$846	25.0%	10.0%	\$1	\$0	\$13,607	\$55,723	\$42,116
C	78,671	\$325	5.0%	8.0%	\$333	\$349	25.0%	10.0%	(\$3)	(\$0)	(\$23,680)	(\$1,260,309)	(\$1,236,629)
D	92,497	\$291	5.0%	6.1%	\$305	\$308	35.0%	20.0%	(\$3)	(\$1)	(\$50,873)	(\$264,541)	(\$213,668)
E	122,568	\$676	5.0%	0.3%	\$692	\$678	25.0%	10.0%	\$7	\$2	\$202,850	\$1,755,174	\$1,552,324
F	153,792	\$639	5.0%	-1.0%	\$644	\$633	25.0%	10.0%	\$6	\$2	\$241,453	\$1,737,850	\$1,496,396
G	54,555	\$574	5.0%	-4.0%	\$579	\$552	25.0%	10.0%	\$6	\$1	\$76,923	\$1,501,354	\$1,424,431
H	57,957	\$714	5.0%	-1.1%	\$724	\$705	25.0%	10.0%	\$7	\$1	\$40,512	\$1,053,079	\$1,012,567
I	50,619	\$586	5.0%	5.2%	\$596	\$614	25.0%	10.0%	(\$6)	(\$1)	(\$29,005)	(\$953,156)	(\$924,151)
J	48,615	\$648	5.0%	5.5%	\$656	\$683	25.0%	10.0%	(\$6)	\$1	(\$30,822)	(\$1,300,451)	(\$1,269,629)
K	18,533	\$730	5.0%	3.7%	\$754	\$760	25.0%	10.0%	(\$6)	(\$1)	(\$11,305)	(\$113,237)	(\$101,932)
L	34,829	\$729	5.0%	0.6%	\$764	\$736	25.0%	10.0%	\$7	\$2	\$62,344	\$957,449	\$895,105
Total											\$682,337	\$4,347,943	\$3,665,606

- Represents preliminary results based on claims incurred through Q3 2023, Key in Appendix. Final reconciliation pending
- Source: Anthem reporting on SOCT 2023 claims data, by SOCT PCI participant group

# SOCT PCI Annual Reports

## CONTRACTED PROVIDER GROUPS REPORT:

- INITIATIVES TO ADVANCE PRIMARY CARE
- CHALLENGES ENCOUNTERED IN THE PROGRAM
- HOW ENHANCED PCI CARE COORDINATION FUNDS WERE INVESTED IN PRIMARY CARE



# TOP 3 CATEGORIES OF PRIMARY CARE INVESTMENT:



Provide additional resources for patients post-discharge from hospital **21%**

- Hiring of dedicated staff to increase access, improve follow-up, improve medication reconciliation
- Creating linkages with providers outside of organization



Technology Improvements **16%**

- Enabled purchase of online-scheduling software and referral systems

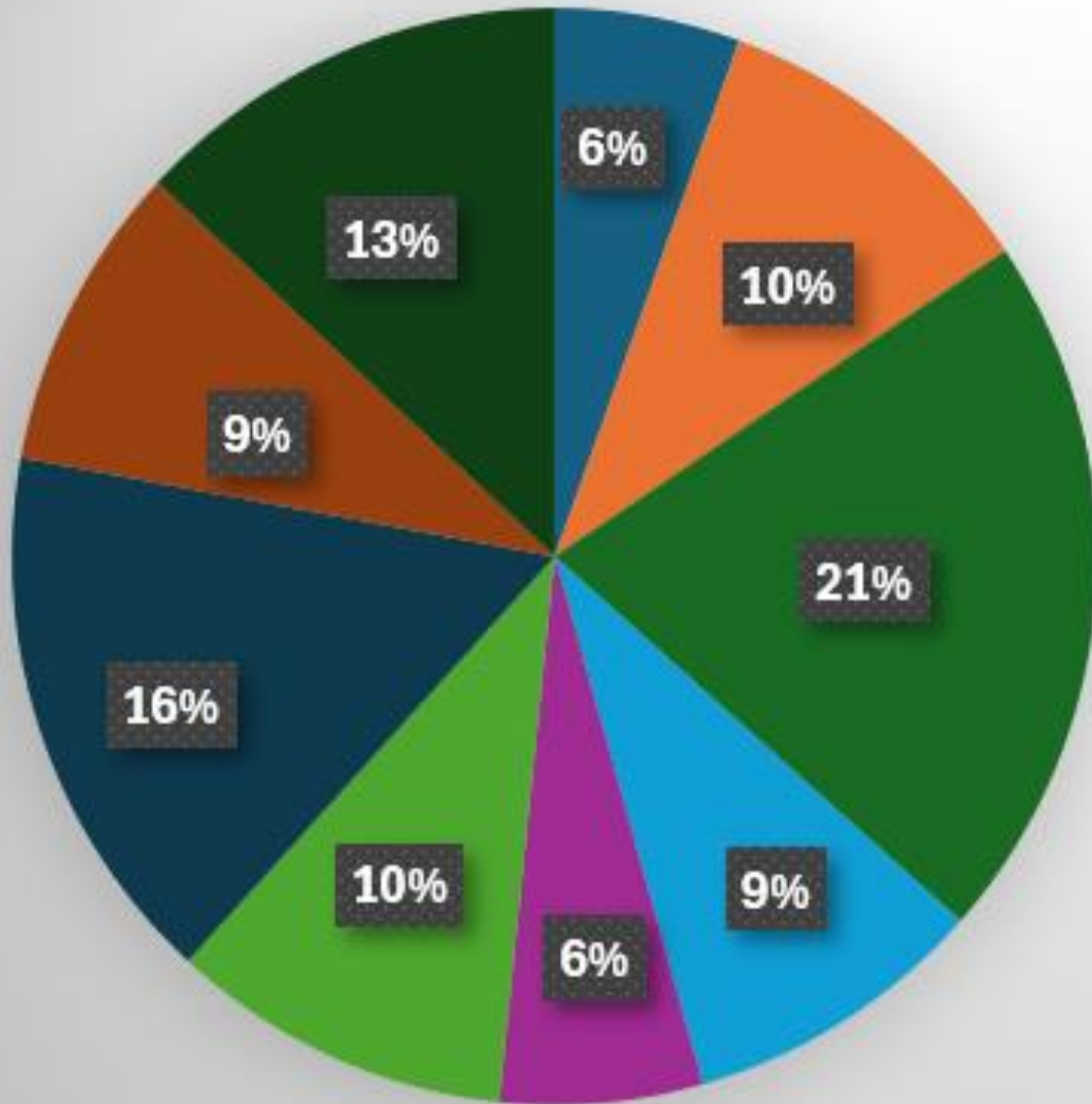


Other investments **13%**

- Support and enhance existing programs
- Expand collaboration with community-based organizations



# Estimated Expenditure by Category



- Enhancements to existing programs or new initiatives to improve patient experience - 6%
- Improved patient access to care - 10%
- Provide additional resources for patients post discharge from hospital - 21%
- Improve medication reconciliation/adherence - 9%
- Improve access and quality of behavioral health services - 6%
- Improve line of sight to patient care outside of organization - 10%
- Technology Improvements - 16%
- Improvements in assisting patients with community resources - 9%
- Other investments - 13%

# Top PCI Performers on Quality Improvement

## **CT Children's Care Network (CCMC Pediatric)**

- Designated staff and expanded care teams to increase outreach related to transitions of care
- Improved accuracy of attribution reports, ensures focused case management

## **Northeast Medical Group (NEMG Adult)**

- Enhanced transitions of care programming to help with transitions of care

## **University Physicians (UCONN Adult)**

- Hired dedicated clinical staff to improve medication reconciliation and follow-up after transitions of care
- Embedded behavioral health clinicians in all their practices
- Expanded collaboration with community-based counseling and therapy resources with external agencies

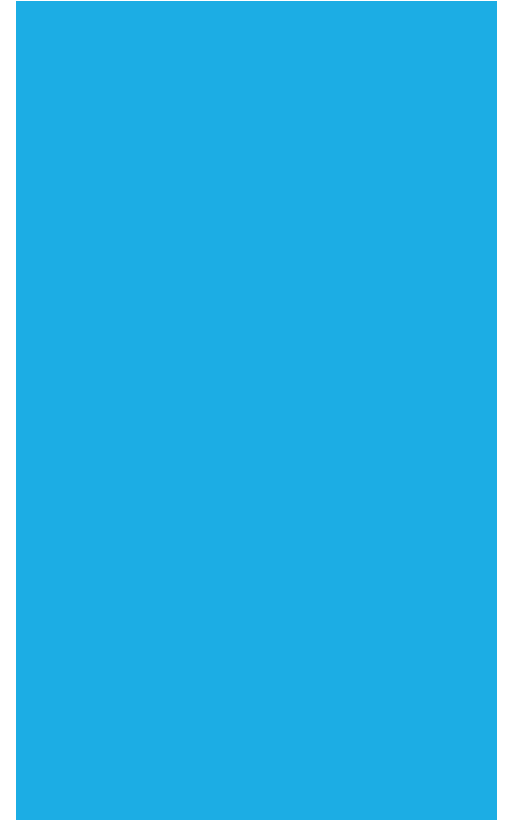
# SOCT PCI Program – Overcoming Challenges

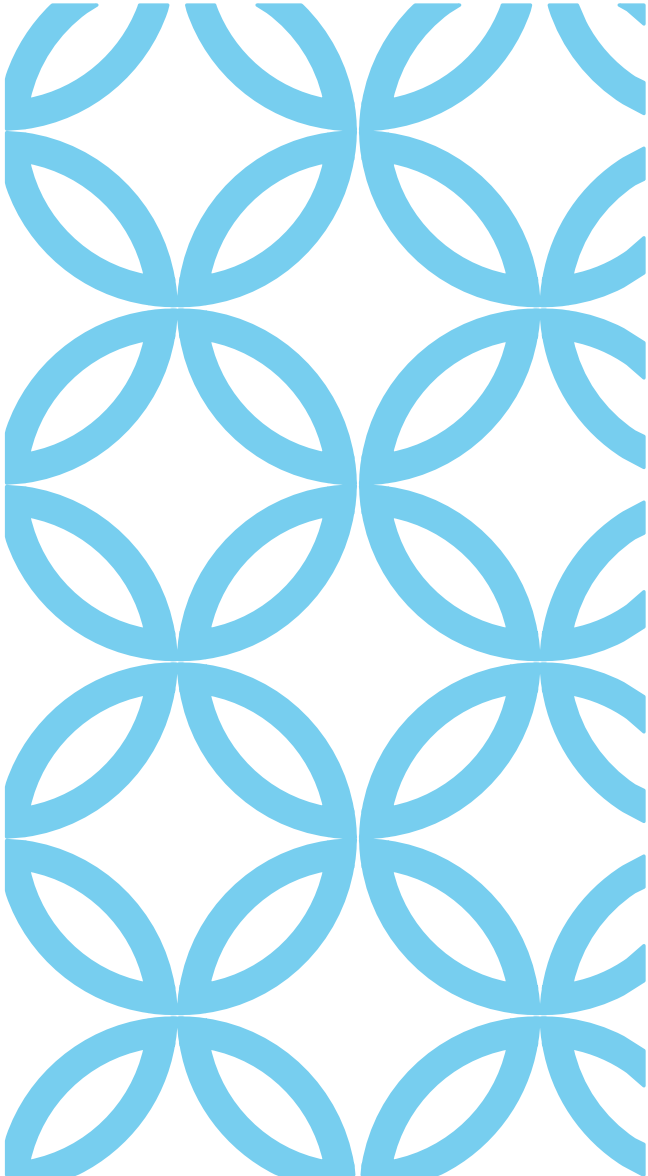
## Challenges

- Data issues, need for clinical data to measure quality
- Reconciling physician rosters
- Patient attribution

## Successes

- Frequent meetings with the provider groups improved OSC's and Anthem's understanding of challenges faced by primary care providers
- Improved clinical data collection through supplemental data feeds
- Improved reporting helped engaged groups focus on opportunities and saw improvement
- Moving forward to leverage CONNIE (CT's statewide Health Information Exchange) closing data gaps and improving quality measurement





## 2024 SOCT PCI Works in Progress:

- **Improved reporting:** CONNIE statewide Health Information Exchange holds promise to improve data reporting to close data gaps in quality measurement
  - **Additional quality measures** being phased-in for 2024 which includes more outcomes measures
  - **Pharmacy experience** factored into TCOC for 2024 which includes more outcomes measures, pharmacy supports from PBM
  - **Additional Anthem nurse Care Consultant** to support contracted primary care provider groups
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# Appendix

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# SOCT PCI - Medical Cost Performance

## Key:

MCB = Medical Cost Baseline PMPM

Actual CoC = Total Cost of Care no adjustment PMPM

Actual MM = unadjusted Member Months

High Cost Adj Coc = Total Cost of Care with dollars above \$175k removed, PMPM

High Cost Adj MM = Member months with adjustment for high cost

Normalized RR = Normalized Retrospective Risk Score (Panel risk compared to Market Risk)

Risk Adj MM = High Cost Adj MM multiplied by Normalized RR

MCP = High Cost Adj CoC divided by Normalized RR identifies Medical Cost Performance PMPM (final)

Panel Trend = Providers own Actual Trend from Baseline to performance period

Market Trend = Regional area trend performance, comparing similar demographic composite to provider panel.

Prospective Trend = State of CT provided trend target percentage

Adj Prospective Trend = Prospective Trend adjusted by Market Trends above or below applicable measurement period thresholds

MCT = Medical Cost Target (Medical Cost Baseline with Adj Prospective Trend added) PMPM

Gross Savings/Loss = unadjusted savings or loss generated PMPM

Paid to allowed = % of claims dollars paid vs those allowed

Adj Gross Savings/Loss = Gross Savings/Loss multiplied by Paid to Allowed PMPM

Cap % up/down = applicable provider caps identified as percentage

Cap PMPM = Cap % up/down of MCB represented as PMPM

SS/Loss Pool = compared Adj Gross Savings/Loss to Cap PMPM, lower rate applies, represented as PMPM

SS % = Shares Savings %, providers contracted upside rate

DS % = Downside %, providers contracted downside risk rate

Earned SS = final earned Shared Savings PMPM

Downside = Final loss responsibility PMPM

Total Savings/Loss = Earned SS or Downside multiplied by Risk Adj MM (final loss or payment)

## CT Office of Health Strategy Links:

Roadmap for Strengthening and Sustaining Primary Care:

<https://portal.ct.gov/ohs/pages/primary-care-roadmap>

Quality Council 2023 Measures:

<https://portal.ct.gov/ohs/pages/quality-council/2023-aligned-measure-set>

Quality Measure Specifications:

<https://portal.ct.gov/-/media/ohs/quality-council/2023-aligned-measure-set/2023-aligned-measure-set-specifications.pdf>

Quality Benchmark:

<https://portal.ct.gov/ohs/pages/quality-council/quality-benchmarks>



# Questions and Comments



**Adjourn**