



Healthcare Update

August 11, 2025

Agenda



- Public Comment
- Financials (Rae-Ellen)
- Partnership (Bernie)
- High-level utilization Follow-up (Segal)
 - Professional Services Drivers
- Communications (Betsy)
- Quantum Performance Report
- SOCT Primary Care Initiative 2024 Program Results (Sandra)
- DEVA update and Death Audit (Rae-Ellen)



Public Comment

Financials



Report Forthcoming

Partnership



Partnership 2.0

As of 8/1/25 we have 185 groups enrolled totaling approximately 29,000 employees and just over 67,000 members.

We held 2 quarterly update meetings for existing groups in July. We went over financials as well as 2024 HEP compliance.

We have one small group confirmed as joining for 10/1/25 and there are a couple small groups interested in Fall 2025 start dates.

Partnership 1.0

As of 8/1/25 we still have 4 groups remaining totaling approximately 2,300 employees and 3,000 members.

Professional Trends - Overview

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$791.73	82%	▲ 8.3%
Inpatient Facility	\$158.62	16%	▲ 7.7%
Outpatient Facility	\$309.14	32%	▲ 8.1%
Professional Services	\$302.30	31%	▲ 9.5%
Ancillary	\$21.67	2%	▼ 1.3%
Pharmacy	\$178.86	18%	▲ 14.5%
Total Cost	\$970.59		▲ 9.4%

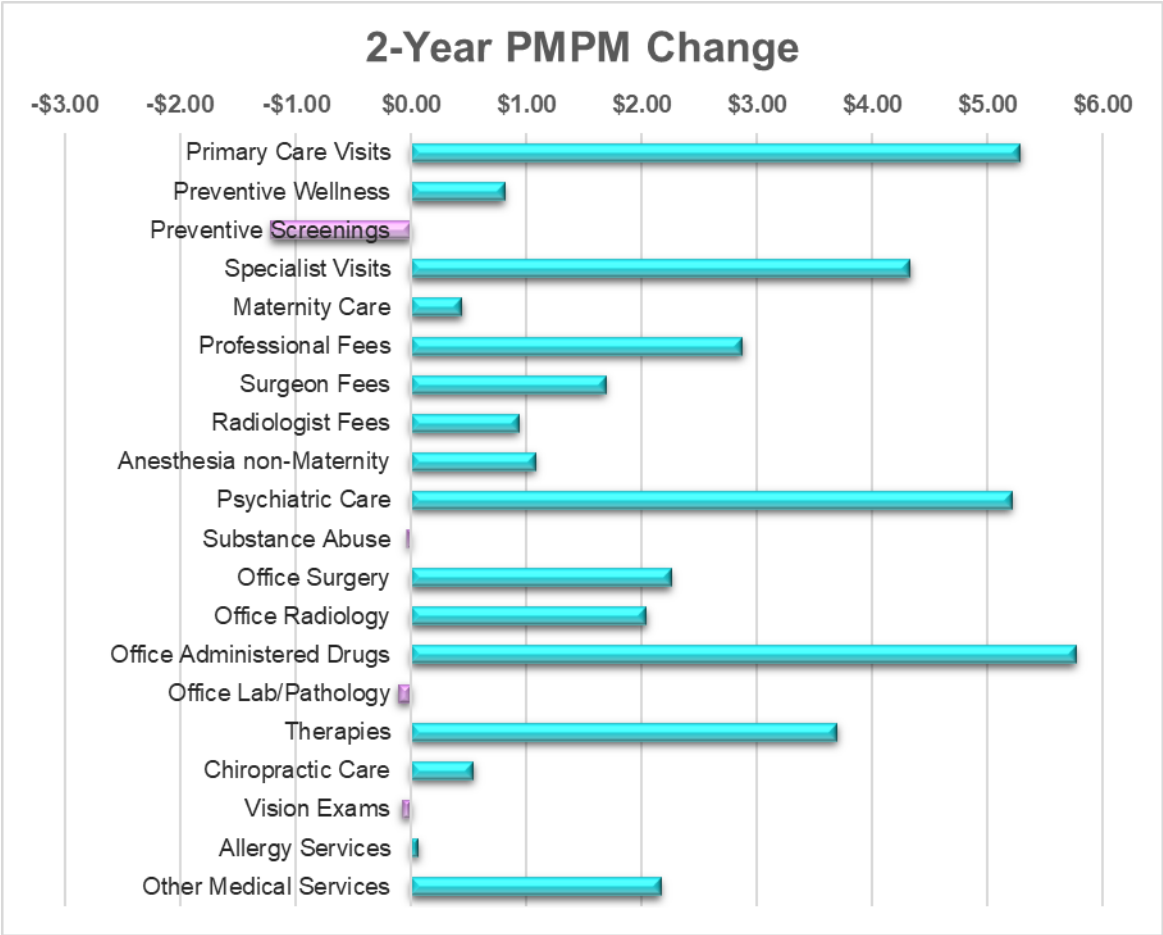
	1-year	2-year
202403	4.4%	
202404	5.7%	
202405	5.4%	
202406	5.1%	
202407	6.4%	
202408	6.1%	
202409	6.8%	
202410	7.3%	
202411	7.3%	
202412	8.3%	
202501	8.4%	
202502	8.1%	
202503	9.5%	6.9%



Professional PMPM Trends have continued to increase from prior reports, up to 9.5% year-over-year

- The Professional Services category includes office visits and physician bills for facility visits (latter often referred to as “Professional Fees”)
 - PCP and Specialist Visits
 - Preventive Care
 - Labs and Radiology (performed outside of a hospital)
 - Surgeon or Anesthesiologist bills from Hospital/Facility procedures
- Unclear if plateaued or still increasing
- The 2-year trend is 6.9%
- 2-year trend from the Segal book-of-business benchmark is 6.8%
- Next few slides will help explain in greater detail

Professional Trends – Key Drivers



Top DX Categories		PMPM Change	Annualized 2-year Trend		
			PMPM	Util./K	Unit Cost
1	Joint and Musculoskeletal Related	\$3.43	7.8%	5.6%	2.1%
2	Neurodevelopmental disorders	\$3.12	20.1%	17.5%	2.2%
3	Anxiety and fear-related disorders	\$3.11	15.8%	13.5%	2.0%
4	Other Symptoms	\$1.98	8.7%	3.4%	5.1%
5	Injuries	\$1.91	7.4%	-0.5%	7.9%
6	Respiratory	\$1.68	9.2%	4.3%	4.7%
7	Cardiovascular	\$1.58	11.0%	2.9%	7.9%
8	Genitourinary	\$1.43	6.0%	3.5%	2.4%
9	Trauma- and stressor-related disorders	\$1.40	9.0%	7.6%	1.4%
10	Gastrointestinal	\$1.31	8.1%	4.1%	3.9%

- Large increases across a broad array of services and diagnoses, indicative of industry-wide dynamics and market conditions
 - PCP/SCP office visits
 - Mental Health
 - Office Administered Drugs
 - Joint Pain / Therapies
 - Neurodevelopmental (ABA Therapy for Autism)

Professional Trends – PCP/Specialist Visits (E&M)

	2Y Prior	Prior	Current	Trend	
				1-Year	2-Year
PMPM	\$47.72	\$50.30	\$57.33	14.0%	9.6%
Utilization/K	4,912.0	4,888.6	5,124.6	4.8%	2.1%
Unit Cost	\$116.58	\$123.48	\$134.25	8.7%	7.3%

Top 3-Digit DXs

1	F41	Other anxiety disorders
2	Z01	Encounter for other special examination without complaint, susp
3	F90	Attention-deficit hyperactivity disorders
4	M25	Other joint disorder, not elsewhere classified
5	F33	Major depressive disorder, recurrent
6	J02	Acute pharyngitis
7	R05	Cough
8	M54	Dorsalgia
9	E11	Type 2 diabetes mellitus
10	E78	Disorders of lipoprotein metabolism and other lipidemias

PMPM Change	Annualized 2-year Trend		
	PMPM	Util./K	Unit Cost
\$0.47	17.4%	6.0%	10.8%
\$0.39	31.1%	56.2%	-16.0%
\$0.37	23.1%	13.6%	8.4%
\$0.34	16.5%	10.5%	5.4%
\$0.33	21.6%	7.8%	12.8%
\$0.33	27.1%	16.1%	9.5%
\$0.26	22.5%	12.9%	8.6%
\$0.26	11.1%	2.9%	8.0%
\$0.23	10.5%	5.2%	5.0%
\$0.22	14.5%	7.0%	7.0%

Top Procedure Codes

1	99214	OFFICE O/P EST MOD 30-39 MIN
2	99213	OFFICE O/P EST LOW 20-29 MIN
3	99215	OFFICE O/P EST HI 40-54 MIN
4	99204	OFFICE O/P NEW MOD 45-59 MIN
5	99203	OFFICE O/P NEW LOW 30-44 MIN
6	99205	OFFICE O/P NEW HI 60-74 MIN
7	99459	Under Other Evaluation and Management Services
8	99417	PROLNG OFF/OP E/M EA 15 MIN
9	99490	CHRONC CARE MGMT SVC 1ST 20
10	99439	CHRONC CARE MGMT SVC EA ADDL

PMPM Change	Annualized 2-year Trend		
	PMPM	Util./K	Unit Cost
\$4.07	10.8%	4.8%	5.7%
\$2.90	9.4%	1.8%	7.5%
\$0.94	16.4%	7.7%	8.2%
\$0.81	8.0%	4.2%	3.7%
\$0.46	6.0%	1.3%	4.6%
\$0.40	14.0%	7.1%	6.5%
\$0.25			
\$0.06	58.5%	32.5%	19.7%
\$0.06	121.1%	108.1%	6.2%
\$0.04	581.9%	478.4%	17.9%

- Evaluation and Management
PMPM Trends are **9.6%** per year over the past two years and **14%** in the most recent year through a combination of utilization and unit cost increases
- Procedure Codes are all fairly standard in this category
- Very broad range of DX's
 - Increases in MH
 - Increases in acute respiratory events or common illnesses

Professional Trends – Therapies

				Trend	
	2Y Prior	Prior	Current	1-Year	2-Year
PMPM	\$23.32	\$24.51	\$27.56	12.4%	8.7%
Utilization/K	6,459.1	6,626.0	7,228.4	9.1%	5.8%
Unit Cost	\$43.33	\$44.39	\$45.76	3.1%	2.8%

Top Procedure Codes

1	97153	ADAPTIVE BEHAVIOR TX BY TECH
2	97530	THERAPEUTIC ACTIVITIES
3	97112	NEUROMUSCULAR REEDUCATION
4	98940	CHIROPRACT MANJ 1-2 REGIONS
5	92507	SPEECH/HEARING THERAPY
6	97110	THERAPEUTIC EXERCISES
7	97155	ADAPT BEHAVIOR TX PHYS/QHP
8	98941	CHIROPRACT MANJ 3-4 REGIONS
9	97140	MANUAL THERAPY 1/> REGIONS
10	97535	SELF CARE MNGMENT TRAINING

PMPM Change	Annualized 2-year Trend		
	PMPM	Util./K	Unit Cost
\$1.20	21.6%	21.5%	0.1%
\$0.63	14.9%	20.2%	-4.4%
\$0.54	13.1%	13.8%	-0.6%
\$0.38	3.8%	2.6%	1.1%
\$0.35	21.3%	21.2%	0.1%
\$0.33	4.4%	7.3%	-2.7%
\$0.23	23.5%	20.8%	2.3%
\$0.15	3.3%	3.0%	0.3%
\$0.13	2.6%	5.8%	-3.0%
\$0.11	19.4%	23.5%	-3.3%

Top 3-Digit DXs Codes

1	F84	Pervasive developmental disorders
2	M25	Other joint disorder, not elsewhere classified
3	M54	Dorsalgia
4	M99	Biomechanical lesions, not elsewhere classified
5	F80	Specific developmental disorders of speech and language
6	Z47	Orthopedic aftercare
7	M72	Fibroblastic disorders
8	F82	Specific developmental disorder of motor function
9	M62	Other disorders of muscle
10	M17	Osteoarthritis of knee

PMPM Change	Annualized 2-year Trend		
	PMPM	Util./K	Unit Cost
\$1.85	20.4%	24.2%	-3.0%
\$0.75	15.9%	15.7%	0.2%
\$0.53	6.0%	7.3%	-1.2%
\$0.33	4.6%	3.2%	1.4%
\$0.20	26.9%	31.0%	-3.2%
\$0.12	15.8%	14.5%	1.2%
\$0.07	13.0%	15.6%	-2.2%
\$0.07	93.5%	61.4%	19.9%
\$0.07	12.7%	16.5%	-3.2%
\$0.05	11.2%	10.6%	0.6%

- Therapies PMPM Trends are **8.7%** per year over the past two years and **12.4%** in the most recent year primarily through increases in utilization
- Growth in diagnosing and treatments Development Disorders is the primary driver
- Growth in various physical therapy activities and treatments
 - Observed industry trend

Professional Trends – Drugs and New Haven Professional Fees

- **Office Administered Drugs PMPM Trends** are **18.3%** per year over the past two years and **17.9%** in the most recent year driven by increases in utilization and unit cost
- Hospital-based pharmacy trends were also high

	2Y Prior	Prior	Current	Trend	
				1-Year	2-Year
PMPM	\$14.43	\$17.13	\$20.19	17.9%	18.3%
Utilization/K	463.9	488.2	535.8	9.8%	7.5%
Unit Cost	\$373.18	\$421.12	\$452.20	7.4%	10.1%

Professional Fees in New Haven stood out relative to other parts of the state, both in terms of overall PMPM and recent growth.

- Three TINs make up most of the increase, substantial in utilization and unit cost
- Primarily related to ER Visits, but also noticeable for Inpatient Admissions

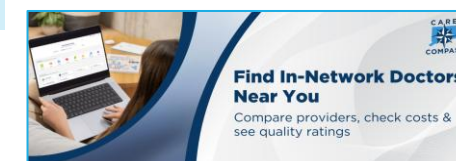
Top 3-Digit DXs

Top 3-Digit DXs			PMPM	Annualized 2-year Trend		
			Change	PMPM	Util./K	Unit Cost
1	K50	Crohn's disease [regional enteritis]	\$0.58	15.9%	4.8%	10.6%
2	G70	Myasthenia gravis and other myoneural disorders	\$0.52	78.6%	56.2%	46.9%
3	K51	Ulcerative colitis	\$0.45	13.2%	13.6%	-2.4%
4	D66	Hereditary factor VIII deficiency	\$0.38	73.8%	10.5%	22.4%
5	T56	Toxic effect of metals	\$0.36	181.4%	7.8%	40.3%
6	G35	Multiple sclerosis	\$0.28	16.2%	16.1%	12.8%
7	G43	Migraine	\$0.24	15.3%	12.9%	-2.0%
8	C43	Malignant melanoma of skin	\$0.19	185.1%	2.9%	53.1%
9	E11	Type 2 diabetes mellitus	\$0.19	31.8%	5.2%	-4.1%
10	L40	Psoriasis	\$0.17	31.9%	7.0%	20.4%

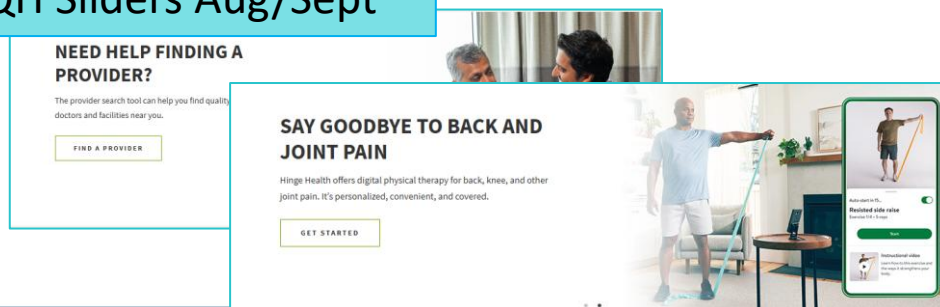
Monthly Benefit Education



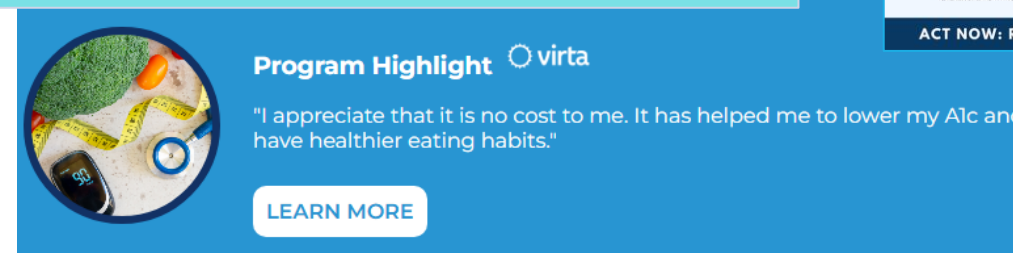
Email Topic	Sent*/Group	Subscribed Audience	Open Rate	Total Clicks	CTOR
Wellbeing /Chronic Condition Seminars	State –July 1	37,075	22%	2,223	5%
	State personal-July 1	71,295	51%	1,368	3%
	SPP - July 1	21,508	55%	1,680	6%
Find Provider Tool encouraging logging in to the Portal for a custom experience	State –July 15	37,064	22%	2,597	8%
	State personal –July 15	72,211	45%	1,649	8%
	SPP - July 15	21,481	50%	1,142	10%
DPP class registration & Reminder (avg) Next class begins Aug 5	State – July 8 &16	37,075	23%	2,349	8%
	State Personal-July 8/16	71,257	48%	1,705	7%
	SPP= July 8 &16	21,494	54%	1,685	9%



QH Sliders Aug/Sept



Care Compass Program Endorsement



Care Compass Website Sliders



STATE OF CONNECTICUT
Benefits Information

[Personalized Benefits](#) | [HEP Status](#) | [Provider Search](#)

[Benefits Login](#)

[State Employee ▼](#)

[State Retiree ▼](#)

[Partnership ▼](#)

New Plan Year Begins

Review your benefits, understand your coverage, and know who to contact if you need help. The OSC is also conducting a dependent verification for spouses and dependents of state employees and retirees—watch for a letter with next steps.

[Dependent Eligibility FAQ](#)

[Next](#)

Dependent Verification Underway

The OSC is confirming that spouses and dependents enrolled by state employees and retirees meet eligibility rules. Letters are being mailed—if you receive one, please follow the instructions to complete the process.

[Find required forms](#)

[Next](#)

[How can we help you? ▼](#)

Need personalized assistance?
Care Coordinator for one-on-one

[833-740-3258](#)

Need Help with Your Benefits?

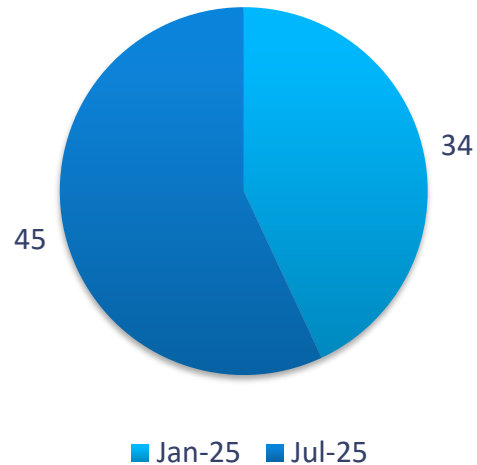
If you have questions about enrollment or eligibility, contact your agency's benefits specialist. If you need help using your coverage, contact a Care Coordinator.

[Find Agency Benefits Contacts](#)

[Contact a Care Coordinator](#)

Agency HR Guidebooks- Print Orders

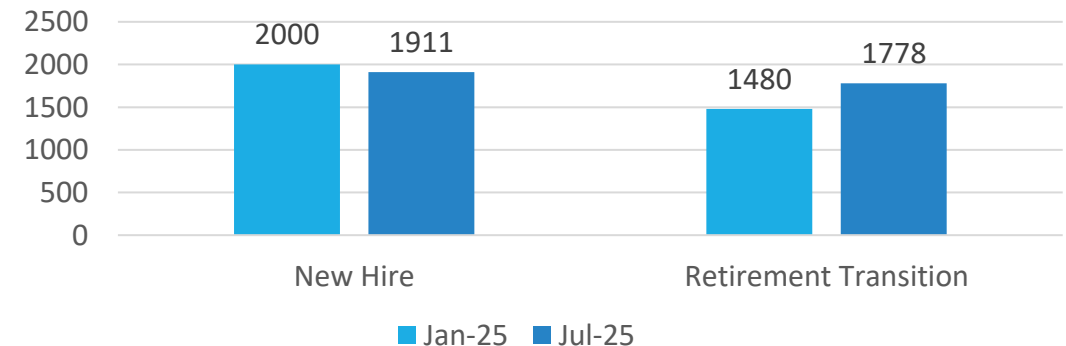
Orders By
Agency/Contact



- *Coming Soon!* New Hire page presentation
- *(Added in March):* New Hire Care Compass page

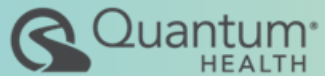


Guide Book Orders



State of Connecticut Plan Performance Review

Reporting Period: 7/1/2024 - 12/31/2024



Key Performance Indicators

Early engagement and improved experiences drives industry-leading outcomes



Early, Ongoing
Engagement

66%

of members with opportunity to
impact the healthcare journey

RTI Engagement

109 days prior to trigger month

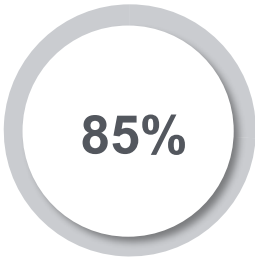
Improved Experience

74

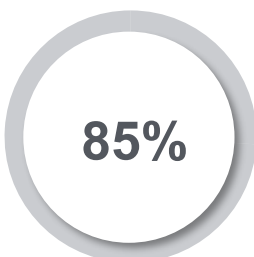
Increase from last year

Member Net Promoter Score
Industry average: 30

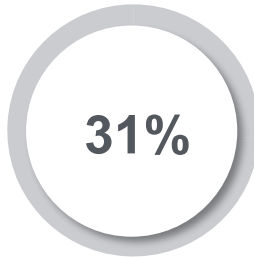
Improved Outcomes



Flyte



Upswing



Virta

NAVIGATION AND
STEERAGE

86,854

Interventions

DECISION
SUPPORT

83,784

Interventions

SOLUTIONING

145,228

Interventions

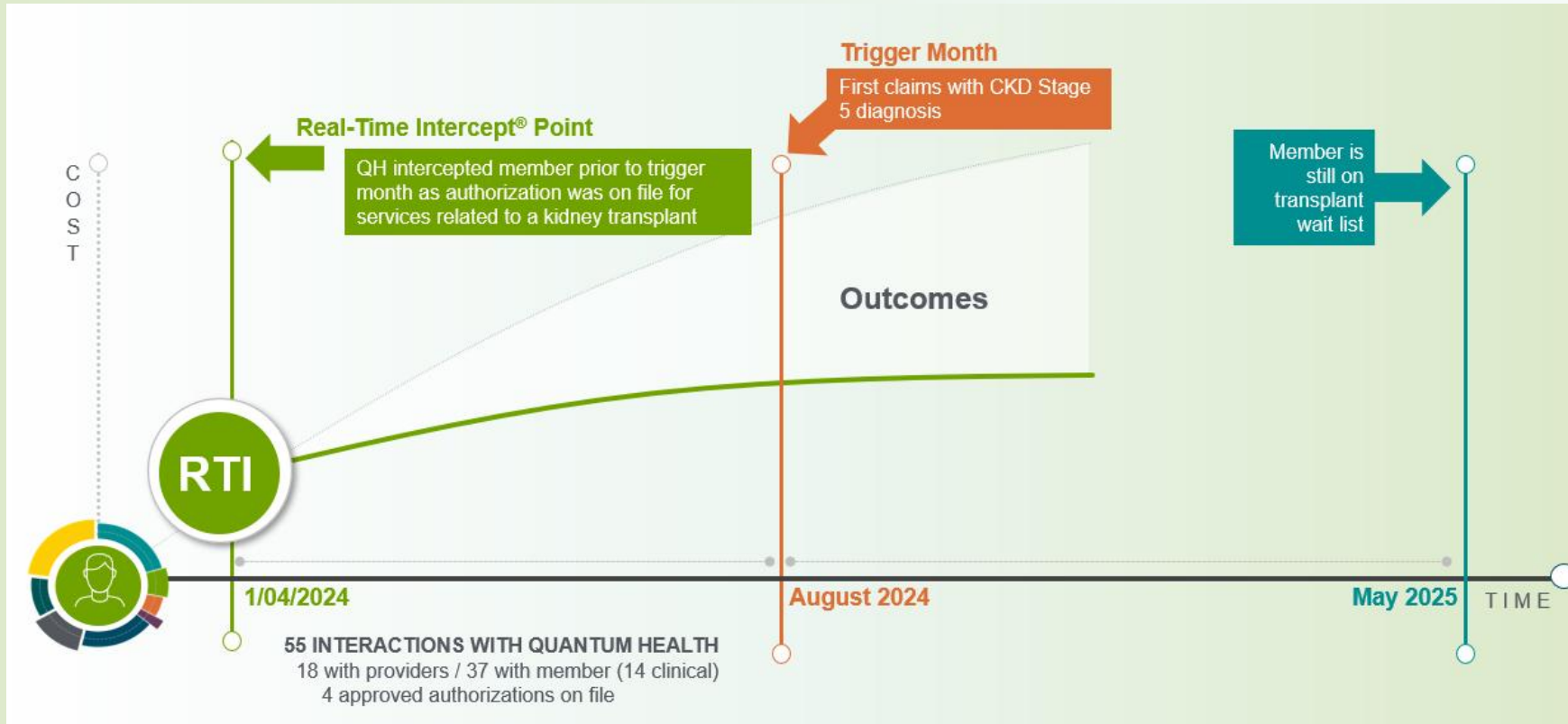
CARE COORDINATION
AND CLINICAL SUPPORT

118,371

Interventions

These interventions improve members' healthcare experiences, boost productivity, optimize benefits, reduce costs and improve health outcomes.¹

Member Journey Highlights: Kidney Transplant



Early intercept of this case enables QH to engage early and often with the member and providers, offering significant ongoing support with benefit education, authorizations, network guidance and referral to our clinical program.

2024 Care coordination focuses around ensuring member feels supported with her chronic kidney disease diagnosis.

PCG establishes a connection, builds **trust** and provides **substantial clinical and emotional support** to help the member through her healthcare journey.

2025 Continued support has been provided to the member while she remains on the kidney transplant list.

- **33 engagements with providers**
- **61 member engagements (18 clinical)**

Quantum Health's high engagement with this member lead to savings and improved health outcomes.

High-Value Moments:

Prescription Savings Guidance

- Advised member to switch to 90-day supply

Community Resources

- Mailed member a cookbook with dialysis-friendly recipes
- Provided resources for financial assistance and community support for transportation & post-op care
- Living will and power of attorney info shared

Claim Advocacy & Resolution

- Mammogram and ultrasound processed out-of-network, which was corrected to process in-network.
- Billed copays for Value Tier 1 that should have been \$0 to member.
- Lab work sent to a non-SOS facility, resulting in 20% coinsurance
- Denied claims due to old insurance ID use

Authorizations

- Extended kidney transplant authorization
- Backdated authorization for kidney evaluation
- Assisted with J-code authorizations

Complex Care Coordination

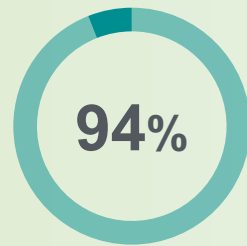
- Assisted with member's status on kidney transplant waitlist

Utilization Management Overview

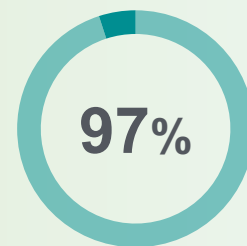
Streamlining utilization management for providers and members

84,671

Authorizations Processed



**Authorization
Approval Rate**



**Approved In-Network
Authorizations**

2,348

Completed Concurrent
Review

924

Completed Physician
Review

28

Provider
Redirection

Top Non-Certifications

1. Hereditary Breast CA-Related Disorders
2. Unlisted Molecular Pathology
3. Genetic Testing Severe Inh Condition

Top Approved Authorizations

1. Diagnostic Colonoscopy
2. Therapeutic Exercises
3. PT Eval Low Complex 20 Min

Insights

- Family history of breast cancer ties to top two non-certs
- Appeals Overturned with additional information for 22 members
- 29 member-initiated appeals and 135 provider-initiated
- Sleep Apnea and Prostate testing are the only diagnoses with more than one appeal

**Why it
matters**

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



STATE OF CT PRIMARY CARE INITIATIVE:

PRELIMINARY 2024 PROGRAM RESULTS

August 11, 2025



Overview of 2024 SOCT Primary Care Initiative program structure



State of CT Primary Care Initiative Performance:

- Quality & Cost
- Care Coordination Fee payment & investment



Opportunities for Program Improvement:

- Data: collection, reporting, analytics
- Risk adjusting



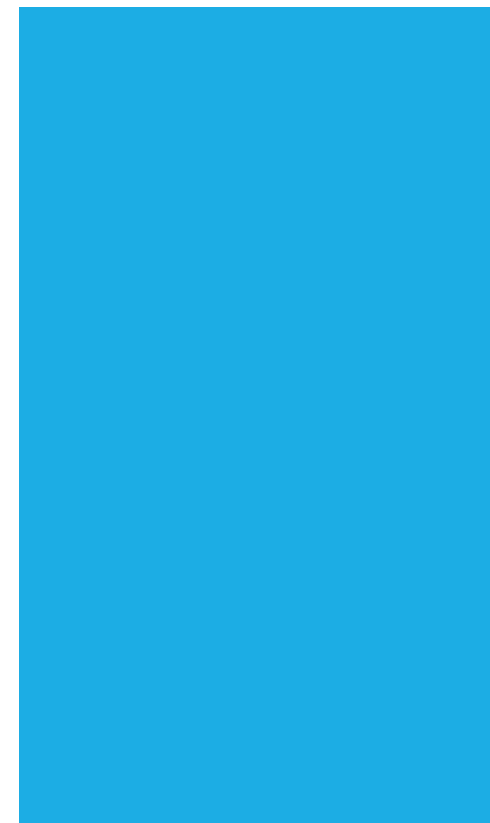
Potential Solutions:

- Connie lab results data
- Pharmacy data



What's next for SOCT PCI?

- Ongoing work
- Further analysis



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 networks to allow for greater investment in 11 key functions as identified by the state's 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.

* CT Office Of Health Strategy - Primary Care Roadmap



SOCT PRIMARY CARE INITIATIVE: PROGRAM STRUCTURE OVERVIEW

- **Medical Cost Performance**
 - Potential to earn shared savings
- **Quality Performance Measures**
 - Align with CT OHS 2024 quality measures
 - Earned points for quality
 - Excess quality bonus
- **Enhanced Care Coordination**
 - Enhanced care coordination fee payments
 - Reinvest in primary care / care coordination activities
- **Dedicated PCI team supports**
- **Enhanced Reporting**

SOCT PCI 2024 QUALITY MEASURES:



2024 SOCT PCI Quality Measure
Adolescent Immunization: Combo 2
All Cause Readmission
Asthma Medication Ratio - Adult
Asthma Medication Ratio - Pedi
Breast Cancer Screening
Child and Adolescent Well-Care Visits Age 3-21
Chlamydia Screening - Adult
Chlamydia Screening - Pedi
Colorectal Cancer Screening
Concurrent Use of Opioids/Benzodiazepines
Controlling Blood Pressure
Diabetes HBA1C >9 - Adult
Follow-Up After ED Visit for Mental Illness - 7 Day - Adult
Follow-Up After ED Visit for Mental Illness - 7 Day Pedi
Kidney Health Evaluation for Patients with Diabetes
Post Partum Care
Prenatal Care
Screening for Depression and Follow Up - Adult
Screening for Depression and Follow Up -Pedi
Well Child Visits 1st 30m 0 - 15 M
Well Child visits 1st 30m 15 - 30 m

See appendix for detailed quality measure descriptions and benchmarks

State of CT Primary Care Initiative Preliminary 2024 Program Results

Provider Group	Attributed Members	2024 Care Coordination Fee Payments	2024 Quality Bonus	2024 Excess Quality Bonus	Total 2024 Shared Savings/(Loss)	Total 2024 SoCT PCI Earnings
Collaborative Health Systems	3,896	\$975,669	\$75,989	\$0	\$95,791	\$1,147,449
Connecticut Children's Care Network	10,697	\$1,966,377	\$248,986	\$0	(\$115,927)	\$2,099,436
Day Kimball Medical Group	1,154	\$228,315	\$25,784	\$0	(\$6,947)	\$247,152
Northeast Medical Group	11,969	\$3,235,241	\$339,890	\$323,706	(\$334,049)	\$3,564,788
Privia Quality Network- Adult	10,507	\$2,978,119	\$183,507	\$0	\$290,822	\$3,452,448
Privia Quality Network- Pedi	10,103	\$1,235,819	\$162,388	\$0	\$119,893	\$1,518,100
ProHealth Physicians / Optum	20,850	\$4,895,912	\$458,088	\$696,492	\$659,724	\$6,710,216
Prospect Group	5,375	\$1,397,143	\$102,484	\$0	(\$126,400)	\$1,373,227
SoNE HEALTH	4,143	\$1,099,530	\$71,320	\$0	(\$90,804)	\$1,080,046
Stamford Health Medical Group	3,201	\$761,332	\$65,511	\$0	(\$30,707)	\$796,136
Starling Physicians	6,201	\$1,388,022	\$131,002	\$0	(\$124,032)	\$1,394,991
UConn Physicians	6,629	\$1,781,236	\$156,190	\$180,958	(\$183,575)	\$1,934,809
Value Care Alliance	5,343	\$1,559,188	\$124,884	\$0	(\$100,367)	\$1,583,705
Western Connecticut Health Network	3,645	\$1,054,283	\$60,994	\$0	(\$97,248)	\$1,018,029
Yale Medicine	1,446	\$404,869	\$27,710	\$0	\$112,691	\$545,269
Total:	105,159	\$24,961,056	\$2,234,726	\$1,201,156	\$68,865	\$28,465,802

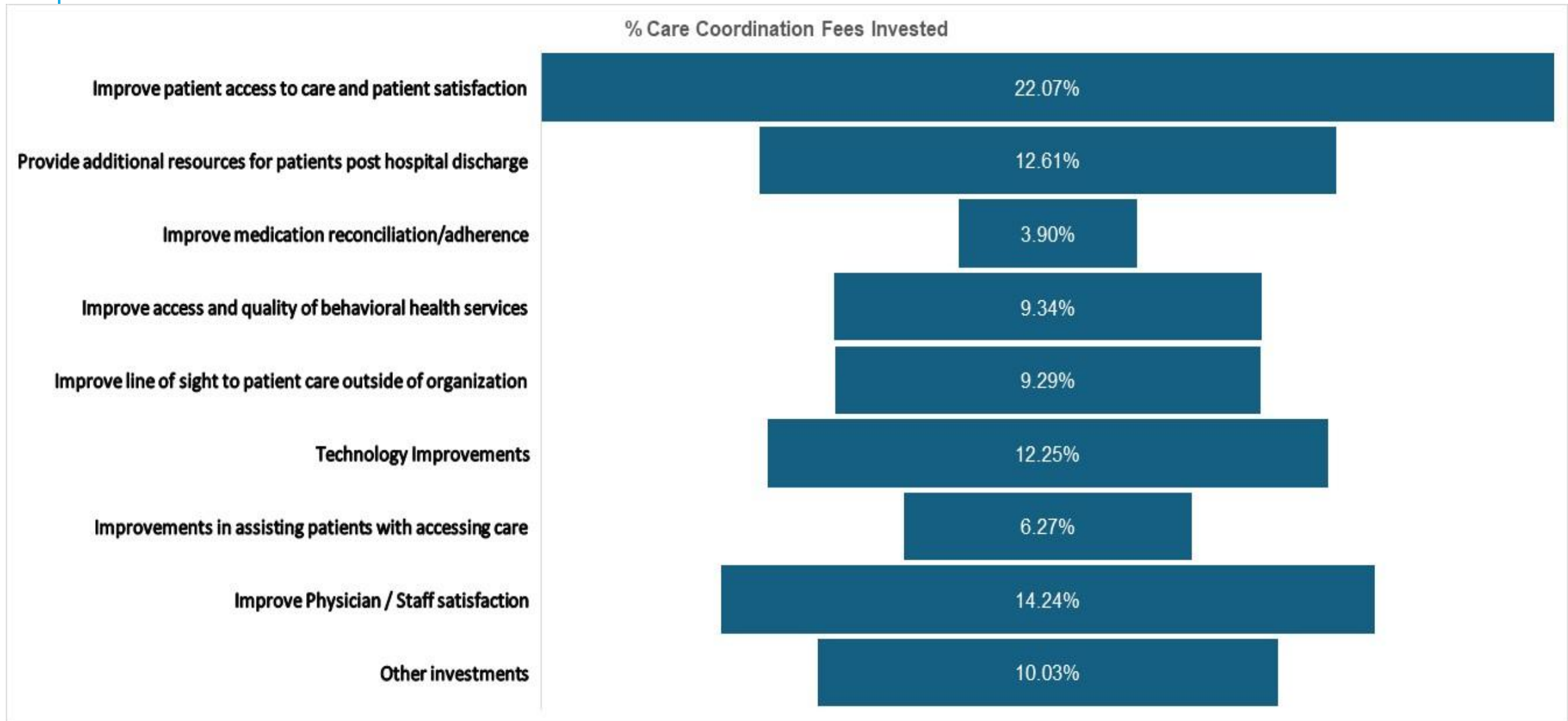
PCI Provider Feedback: Use of enhanced CCF payments to improve follow-up and support patients

SOCT PCI Provider groups invested enhanced CCF payment to support the following activities:

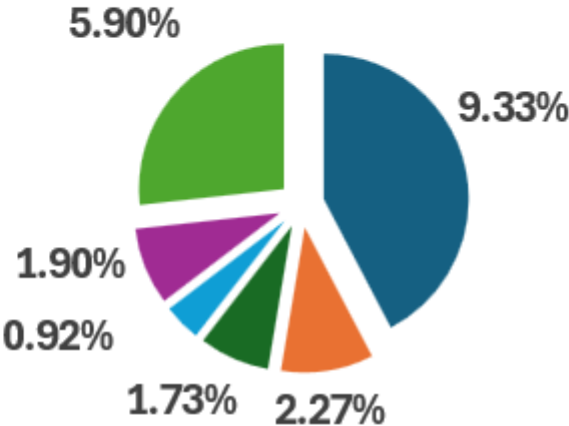
Expansion of primary care teams:

- Hired/assigned dedicated staff to manage outreach for transitions of care, medication reconciliation, DME procurement, home health care;
- Major support for hospital discharge programming;
- Population health nurses tracking real-time ADTs;
- Expanded call-center support;
- Clinical event-notification team coordinating Inpatient, Discharge, and Emergency Dept. follow-up;
- Multi-channel outreach to ensure timely scheduling of appointments;
- Additional FTE to support behavioral health needs, embedding behavioral health staff into primary care practices, streamlining therapy referrals, provide staff training.

Participating PCI Provider Network Investment of Enhanced Care Coordination Fee Payments



Provider Investment of Care Coordination Fee Payments to Improve Patient Access to Care and Patient Satisfaction



- Increase clinical and support staff (e.g. part or full-time hires)
- Specialized staff training (e.g. on new technology, cultural competence, patient engagement)
- Extended hours (e.g. evening and/or weekend appointments)
- Telehealth appointments
- Conduct patient surveys to identify and address issues of concern raised via patient feedback
- Other

PCI Provider Investments to Address Physician Burnout

- Investment in physician wellness programs
- Investment in AI technologies to support physician documentation workflows
- Help to support physicians focus on individual clinical care and enhance their provider-patient relationships by preparing them with pre-visit face sheets.
- Creating 20 min time slots allowing providers to catch-up on paperwork (that address care gaps, etc.)
- Providing burnout presentations at Grand Rounds
- Creating Risk adjusted panel sizes

PCI Provider Investment to upgrade or acquire new technology: SDOH data

- Investments in Epic add-on (care coord & mgmt. platform) that includes Social Determinants of Health (SDOH) screening to streamline referrals. 2024 manual screening showed need for more intensive BH services. Utilize Village Crisis centers for acute behavioral health needs.
- Use of Connie and Athena for SDOH data collection, applies ACG risk scoring to flag high-need patients
- Investments made to collect REAL/SDOH data despite some PCI groups indicating state funds are insufficient to cover the expense associated with operations, IT and EMR reconfigurations required for this work
- Purchase of UniteUS resource directory and closed loop referral system to support electronic referrals to community-based organizations to address SDOH concerns for patients. Integrated in EMR to increase user engagement among care team members.
- Working to implement SDOH screening tools in 2024 on both the inpatient and outpatient side as part of EMR investment

Additional feedback form PCI groups for performance year 2024 requiring action:

- **Data** timeliness (delays in processing and receipt), completeness and use in reporting:
 - Attribution errors, roster management, continue to be challenging.
 - Some provider groups stated cost opportunities as reported may not be actionable (e.g. child and adolescent examples. Pediatric patients with complex behavioral health needs)
 - Administrators dedicated PCI team primarily acts as a reporting and communications “agency” but has limited ability to resolve issues with reports, data feeds, etc..
- **Data Reporting & Analysis:**
 - Need for additional reporting relative to care outside the PCI provider group system
 - Complexities around coding capture needed for depression screen and follow-up care plan
- **Behavioral Health:** Need for additional behavioral health care in many communities served by PCI provider groups. Feedback indicates disparate quality, patient satisfaction and outcomes measurement.
- **Social Determinants of Health:** Investments have been made to collect SDOH data, funds for some provider groups are insufficient to support EMR configuration and other activities to address needs identified in SDOH. Need to improve SDOH data collection and reporting. Provider groups encouraged **SDOH** incorporation into risk scoring.

Key Observations, Program Modifications & Improvements:

- **Program success:** Despite the plan overall experiencing extremely high trend, there were some groups that did well. ProHealth and Privia were both able to generate savings in both program years. Both groups are independent provider practices, implementing initiatives to create referrals to high value specialists and making investments in post discharge follow-up.
- **Attribution** to physician assistants, freezing attribution in October
- Access to **pharmacy claims data** through PCMS (CVS Caremark - PBM)
- **TruDataRx** reporting at the advanced primary care network level
- **Using feedback** from meetings with participating PCI provider groups to guide continued program improvement

Opportunities for Improvement in SOCT PCI:

Data:

- Access to and availability of data for quality measure, care coordination, attribution, measuring health outcomes
- Delays (claims lag) impact actionability in impacting financial trends
- Difficulty building a supplemental data feed in 2024. Have done considerable work – with Epic upgrades, now have functionality to drop appropriate code to code depression screen and follow-up but not in time to improve this metric for 2024

Quality Measure:

- Using standard quality measures, claim data lag results in reporting being six months in arrears, not always actionable
- Continued struggles with AMR measure. AMR measure: 9 percentage point higher for non-PCI – lack of direct access to Rx claims.
- Complexities around coding capture: ex- coding needed for depression screen and follow-up care plan
- Immunization data not readily available

Ongoing Activities in the SOCT Primary Care Initiative:

- Meet with top 2024 performers to learn best practices
- Increase use of Connie data to include ADTs, CCDAs
- Continue SOCT PCI working groups: Pediatric, Quality Measure, Data: Collection-Reporting-Analysis, Pharmacy, Risk Adjusting, Behavioral Health
- Contracting for SOCT PCI (2026-2028)
- RFP issued 7/25/25 for SOCT PCI administration
- Continue to pursue CT Wiz solution: include in Connie as a feed from DPH
 - Needed for quality measure: Adolescent Immunization Combo
- SOCT 2024 Primary Care spend as a % of total medical spend

HEALTHCARE BENCHMARK INITIATIVE PRIMARY CARE SPEND 2023 PERFORMANCE

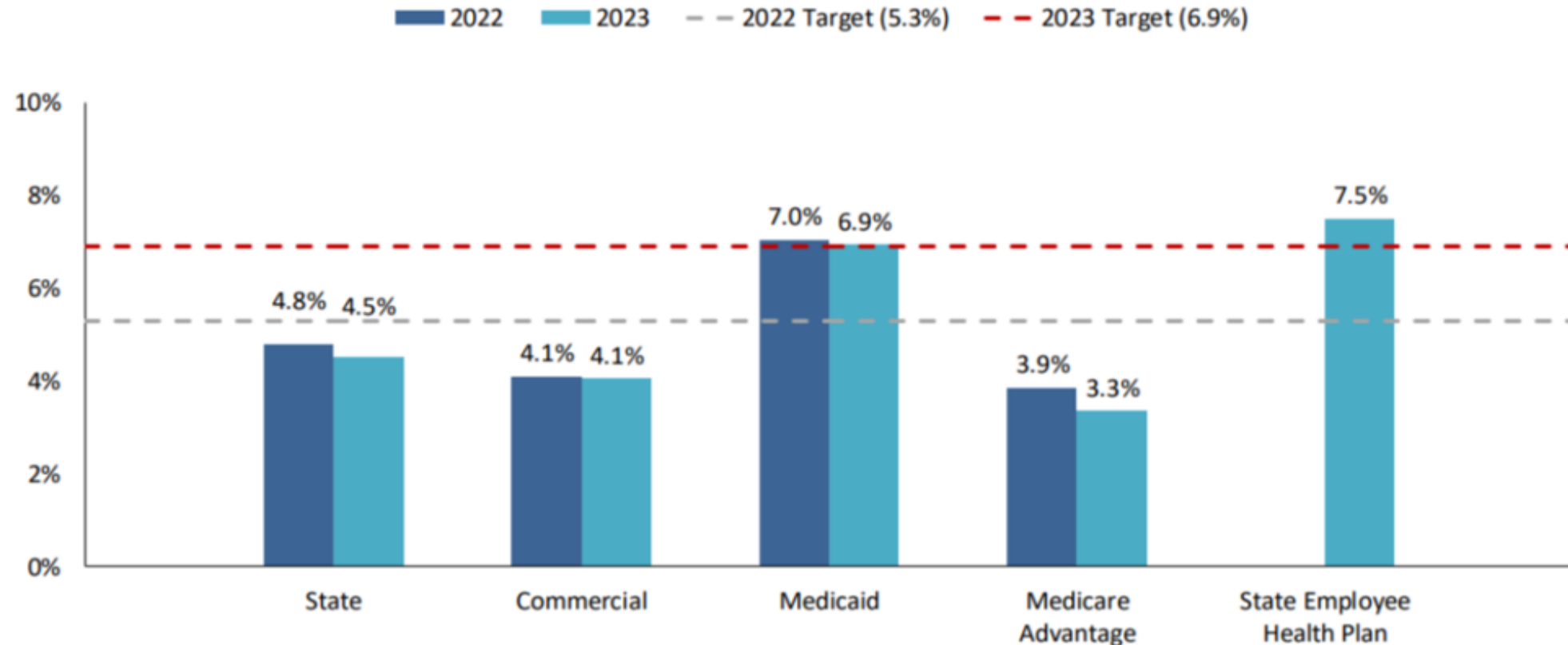
Statewide Performance Against the Primary Care Spending Target

Calendar Year	Primary Care Spending Target Values	Statewide Performance
2021	5.0%	4.8%
2022	5.3%	4.8% ³
2023	6.9%	4.5%
2024	8.5%	--
2025	10.0%	--

Source: [CT_OHC_CostgrowthBenchmarkReport_PY20023](#)

OFFICE OF HEALTH STRATEGY REPORT:

Primary Care Spending as a Percentage of Total Medical Expenses, by Market and State Employee Health Plan



Source: OHS collected data from insurance carriers and from the Connecticut Department of Social Services (DSS).

Notes: Data are not risk adjusted. Data are net of pharmacy rebates. Data include commercial, Medicare Advantage and Medicaid FFS spending. TME includes all of the spending categories captured for the cost growth benchmark, less long-term care.



DEVA Audit Update



Death Audit Complete

- 456 Individuals Presented As Potential Matches
- 407 Confirmed Matches to Enrolled Participants
- 156 Were Not Previously Reported to OSC
 - 13 Actives
 - 7 Employees
 - 4 Spouses
 - 2 Children
 - 143 Retirees
 - 19 Retirees (5 Greater than 3 Months)
 - 122 Spouses
 - 2 Children
- 2,138 Member Months of Coverage Recovered
- \$773,357.55 General Fund State Shares Recovered
- Potential to save \$738,060 General Fund State Shares Annually

DEVA Audit Update



Dependents Removed

- 14 Active Dependents Reported and Removed
- 16 Retiree Dependents Reported and Removed
- Potential to save \$115,160 General Fund State Shares Annually



Questions and Comments



Adjourn

Appendix

SOCT PCI 2024 Quality Measures

2024 SOCT PCI Quality Measure	Description	Benchmark
Adolescent Imm: Combo 2	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.	26.47%
All Cause Readmission	For members 18 years of age and older, 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.	5.63%
Asthma Medication Ratio -	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.	Adult 76.29%, Pedi 78.86%
Breast Cancer Screening	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	74.44%
Child and Adolescent Well-Care Visits Age 3-21	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	61.67%
Chlamydia Screening -	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	Adult 46.64%, Pedi 18.64%
Colorectal Cancer Screening	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.	55.44%
Concurrent Use of Opioids/Benzos	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines.	17.24%
Controlling Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled	55.87%
Diabetes HBA1C >9 - Adult	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: • HbA1c Control (9.0%).	25%
F/U After ED Visit for Mental Illness - 7 Day - Pedi	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.	Adult 27.54%, Pedi 43.75%
Kidney Health Evaluation for Patients with Diabetes	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (uACR), during the measurement year.	34.83%
Post Partum Care	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and84 days after delivery	76.16%
Prenatal Care	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization	75.72%
Screening for Depression and Follow-Up	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.	Adult 21.60%, Pedi 21.60%
Well Child Visits 1st 30m 0 - 15 Months	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: Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	77.86%
Well Child Visits 15 - 30 Months	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: 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	83.90%

2024 – CT Office of Health Strategy - Quality Measures

CT Quality Council [2024-ct-aligned-measure-set-updated-2023-7-25.pdf](#)

CT Quality Council [2024-ct-aligned-measure-set-measure-specifications.pdf](#)

CT Office of Health Strategy [HCBI Quality Benchmarks](#)