HEALTHCARE COST
CONTAINMENT COMMITTEE

165 Capitol Ave
HARTORD, CONNECTICUT
06106-1775
Telephone (860) 702-3480
Facsimile (860) 702-3556

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

HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES
October 20, 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	Ariana Sisti - Quantum
Karen Nolen	
	Consultants
Dept. of Insurance	Terry DeMattie, Segal
Paul Lombardo	

Public Comment:

No public comment.

Financials:

Currently, the active appropriation shows a deficit of approximately $52.4 million. Regarding the active healthcare accounts, prescription claims have continued to exceed our expectations, leading to a surplus of about $24.6 million in the health medical account. However, we are facing a deficit of $40.9 million in the active prescription account, which results in a total balance for the FAD account of $16.3 million.

On the retiree appropriations side, we are experiencing a deficit of about $34.3 million in the health account for retirees. Despite this, a surplus of approximately $112.9 million remains in the overall health account. However, we have a deficit of about $1.1 million in the retiree account, leading to a total OPEB FAD balance for retirees of around $111.8 million.

As a reminder, we will continue to deplete the retiree health balance during the current fiscal year and into the next fiscal year.

Partnership:

As of October, we have 186 groups enrolled in Partnership 2.0, which includes approximately 29,000 employees and just over 67,000 members.

We have one small group confirmed to join on November 1st. Additionally, a quarterly partnership update meeting will be held in November for existing group leads, where we plan to provide a projected rate renewal range for 7/1/26

Regarding Partnership 1.0, the status remains unchanged, with just four groups remaining. This totals approximately 2,300 employees and 3,000 members.

High-Level Utilization:

Upon reviewing our high-level utilization statistics through June 2025, we can see that this fiscal year has been particularly challenging. The closing numbers reflect this difficulty, with both outpatient and professional services showing year-over-year increases in double digits. Pharmacy utilization continues to pose significant challenges as well.

It's important to note that we have more updated figures for pharmacy than for medical, as pharmacy claims are processed much more quickly. We were hopeful that we would see a moderation in the trend as we entered July and August, given the spike we experienced last year during this period. However, it now seems unlikely that we will avoid a similar increase.

Unfortunately, we are still facing considerable challenges on the pharmacy side. We plan to conduct a deeper analysis, which we will present in future updates, but for now, the pharmacy numbers are not showing any signs of improvement.

Communications Update:

We are now focusing on enhancing the experience for our members regarding their benefits. As part of our regular communication, we continue to promote our monthly well-being seminars through email. This month, however, we launched a new campaign that will share information twice a year, and it is making a significant impact. The statistics show that our emails to state personnel have an impressive open rate of 62%, with click-through rates ranging from 14% to 24%. This indicates that members are actively engaging with information about both their supplemental benefits and their health benefits.

Additionally, we conducted our traditional flu shot campaign, typically held in September and October, to remind members that the flu shots are covered 100% by their benefit plan.

You may have also heard about the upcoming customer service survey. We will provide more details soon, but the purpose of this email is to encourage members to share their feedback. The survey will evaluate customer service across various providers, including Quantum, CVS, Cigna, and all Point Solutions, as well as specific programs like Provider of Distinction. We aim to gain insights into our members' needs and identify areas for improvement in both our communications and the programs we offer.

Question: Did you all ask about Aetna and Anthem?

Answer: We did not ask about Aetna because it was focused on our active population. Our non-Medicare retirees, along with our active employees in the partnership, would have received information regarding this. We did not inquire about Anthem since they are not currently our customer service provider. They are the insurance carrier, but Quantum handles customer service and claims resolution for medical issues. That's where we focused our efforts. We will be launching the Aetna annual survey in the next couple of weeks. Please note that this Aetna survey is specifically for Medicare retirees and is separate from other surveys. We expect to receive the results in about a month.

Lyra Health has emerged as a valuable new point solution in the mental health spectrum, and we're very excited about this upcoming launch. In just a couple of weeks, there will be a significant marketing push to promote it.

The Comptroller is particularly interested in Lyra because it expands our network, addressing the challenges many face in finding secure, in-person mental health appointments. These appointments can be challenging to schedule and book. With Lyra's addition, we will have a broader network of providers available for both virtual and in-person sessions in Connecticut. This is expected to improve member access, allowing for appointments within one to three days, which will significantly enhance the overall member experience.

We have a comprehensive marketing plan in place. While I won't go through all the details, the comptroller will send out an email and a letter that will arrive a couple of weeks later. We will also utilize Care Compass emails and communications. Additionally, Lyra will send a mailer and host a Mental Health 101 webinar, which will cover different topics each month. Their branding will be consistently visible to our members, ensuring they are aware of the new mental health services available to them.

This is just the beginning of our marketing efforts, and we will ensure that Lyra Health is prominently featured across all access points, including the Quantum Health portal, the Care Compass landing page, and our mental health webpage. We will also include clear promotions in the provider lookup tool on how to connect with Lyra Health. The Quantum portal will feature a direct single sign-on for easy access, and Lyra provides 24/7 care navigators for additional support.

On another note, Quantum Health is enhancing its benefits portal. We will unveil a new portal in January, which aims to improve functionality for health plan members. This upgrade incorporates feedback we've received over the past couple of years, and we hope it will enable more employees and participants to access their status and understand their next steps for compliance.

The improved landing page is another effort to help members navigate their care through a centralized portal. Emails will be sent out in December, along with mailers, reminding everyone how to enroll or re-enroll in the portal. The transition should be seamless, but we are very focused on this development. It's exciting because it will also allow us to start promoting HEP for 2026 as early as January.

Quantum's communication plan is designed to help track non-compliance letters, penalty letters, and other relevant correspondence. While there haven't been significant changes that stand out, we have included a revised communication plan.

The primary focus here is to highlight where non-compliance reminders are targeted. A significant change this year is the planned outreach to dependents. We will conduct three outreach communications to dependents, ensuring that they are informed about the non-compliance status alongside their subscribers or employees. Both parties will be notified that the other is receiving a communication, which should promote awareness of the pending non-compliance consequences if outstanding requirements are not completed.

This initiative will help dependents complete their compliance on time, making a substantial impact on the HEP program this year.

Additionally, I would like to highlight the timeline for January 2026. Historically, the launch has occurred in February, which pushes the deadlines back by a month. However, with Quantum's portal ready, we can now showcase not only 2026 but also 2025 and 2024. This allows us to begin reminding people about scheduling their appointments for 2026, which will lead to improved adherence to compliance deadlines and better overall outcomes.

In addition to supporting all users, we have been utilizing our resources effectively to reach our objectives. I know the word “target” can seem daunting, but it is used positively in this context.

As you may recall, our plan includes cancer and cardiovascular screenings for firefighters, thanks to the dedication of the Comptroller, who sought to make this service available to all state firefighters. If they are enrolled in our plan and work full-time as firefighters, they receive these screenings every two years at no cost. For part-time or volunteer firefighters, a discounted rate is available.

To promote this benefit, we created an annual outreach program, launching it with our Care Compass initiative in collaboration with two specific individuals who work at the Partnership Plan or in our state firefighter program. This ensured that all firefighters were informed about the coverage and screening available to them.

These mobile screening units are scheduled in coordination with the fire lieutenants at their respective stations. Our outreach also includes emails and communication from UDS, who manage these screenings, reaching out to the captains to further educate them on what's available. We have reviewed and approved their communications to ensure clarity and accuracy.

Another area we focused on is the Aetna UConn coverage, which is essential for our members. There has been considerable communication regarding updates mandated by Aetna regarding the ongoing contract negotiations, which may not result in an agreement. However, our members can continue to receive care through UConn, regardless of the outcome of the negotiations. We promptly sent out emails to reassure our members, as confusion and concern had been generated by billboards, letters, and other communications. We also sent a follow-up letter in the mail to provide additional reassurance.

Finally, regarding the Flyte program, we successfully collaborated with Ashley, who leads this program, and our TASC account to see if we could use the MedFlex deduction to cover the program fee. We included an announcement in our October TASC open enrollment for state employees about MedFlex and dependent coverage, indicating that this could be an option for those interested in the MedFlex account.

These are key initiatives we implemented this month to help our members access the care and coverage they need.

DEVA Audit Update:

A review and update on our Dependent and Eligibility Verification Audit, also known as the DEVA. We have just completed our first quarterly death audit. As a reminder, when we first partnered with PDA, Part D Advisors, they conducted a comprehensive death audit of our population. Moving forward, we will be performing these audits quarterly.

In this recent death audit, we identified 183 individuals who were flagged as potential matches. Of these, we were able to verify 173 actual matches within our employee and retiree population. Notably, 87 of these individuals were new to us. While many of them were already on our records from previous audits, a significant number had not been documented before; specifically, 36 of them were active employees. Most of these active employees were National Guardsmen working in the military department, but were not listed as deceased.

Additionally, we discovered 7 active employees whose spouses had passed away. On the retiree side, we identified 21 new retirees and 23 new spouses who were previously unrecorded. All these individuals have been removed from coverage.

As a result, we were able to recover 177 member months of coverage, totaling $110,360.18 for the general fund appropriation accounts. Had these individuals not been reported to us, it could have cost the general fund approximately $170,000 for the current fiscal year.

This is an excellent outcome and highlights the importance of continuing our quarterly death audits to ensure our records are up to date.

We continue to receive lists from PDA containing individuals that employees and retirees have confirmed should no longer be included in their coverage. These individuals may have their own coverage, could be recent divorcees, or otherwise should not have been on the coverage.

To date, we have removed 121 active dependents and 56 retiree dependents from the plan. This action has saved the general fund a total of $196,507.00. Looking back to July of this year, had these individuals remained on coverage, it would have cost the state nearly $ 1 million from the general fund.

As you may recall, we have organized our population into four groups, labeled A through D, and sorted alphabetically. Group One has nearly completed its communications process. This group has achieved approximately an 82% compliance rate, indicating that this percentage of individuals have responded and provided all necessary verification information.

Group Two is currently working through their final communication levels, with a compliance rate of 75%. Group Three is approximately two-thirds of the way through their process, currently at a 71% compliance rate, while Group Four is midway through their compliance process, achieving a rate of about 68%. Overall, our compliance rate stands at approximately 74%.

For Group One, after completing all their mailings, we have identified around 2,500 individuals who have not yet achieved compliance. While this may seem like a large number, it's essential to note that nearly all individuals have had some form of interaction with PDA and are currently resolving their compliance issues. We hope that within the next 90 days, as we wrap up the remaining groups, most of these individuals will come into compliance.

PDA is proactively making outbound phone calls to reach each of these individuals and provide assistance. In many cases, while someone may have submitted a birth certificate, they might have only sent a partial scan, requiring follow-up communication.

Out of the 2,500 individuals who are currently non-compliant, 377 have created profiles and are attempting to transmit their information electronically to PDA. Additionally, 821 have interacted with PDA by calling in and expressing difficulties or indicating they don't have the internet, and they are seeking assistance. I was impressed to learn that within the first day or two of initiating outbound calls, PDA made contact with 500 members. They are diligently working to bring as many individuals as possible into compliance.

We want to update you on our current status, the progress we have made, and what you can expect in the future.

All communications were launched in late April and early May to inform individuals about the upcoming Deva audit. From late June to early July, extending into the first week of August, we sent out the initial round of information, which included your Q Code, login instructions, and compliance requirements. We provided a few weeks for individuals to submit all required materials by the due date. This period showed the highest level of compliance, as most people submitted their information during this first round.

Group One received their mailing on September 17, with a due date of October 2. Since that deadline has passed, we have reported the compliance information for that group. Communications with the remaining groups are ongoing, with their due dates also in progress.

We are allowing a 90-day grace period for cleanup, during which PDA will continue to make outbound calls and assist our members through this process. We will also work with agencies to gather any available information that can help individuals. This week, we'll begin compiling the first list for Group One, detailing what was captured from the phone calls. In the following weeks, we will generate non-compliance lists for the other groups. We intend to send a letter to all individuals who remain non-compliant by mid-November, indicating that we have not received their information. If they do not respond, their listed dependents may be removed from coverage.

At that time, we will share information about who has not responded to the first wave of communications for Group One. For those who have not complied at all, meaning they have neither created a portal profile nor communicated with PDA, we can reach out to the relevant agencies and provide them with the list of these individuals, asking for their assistance in getting them on board.

HEP Update:

As of September, we are on track for 2025. About a month ago, we reported nearly 70% overall compliance among eligible households, which is consistent and promising. However, we recently sent out a significant mailing in September to those who are non-compliant for one or more requirements. This has resulted in a surge of phone calls and an increase in portal usage.

In October, we plan to launch a larger email campaign. By November, we will have revamped our communications to guide people in accessing their information, whether through the portal or by contacting a Quantum Health Care Coordinator. We have the necessary staffing in place, as previously discussed. We aim to see compliance rates continue to rise as we approach the December 31st deadline.

It's not atypical for chronic condition education to lag behind other categories, but it has improved to 60% from previous years, which is a positive change. In the new version of the portal, accessing educational resources will be much more intuitive, and we hope to see these numbers align more closely with the 80-90% compliance rates in other areas.

Additionally, dental compliance remains a challenge due to varying levels, particularly since some individuals may not be using our Cigna dental services, making reporting difficult. However, the new portal will simplify the process of acknowledging appointments and uploading relevant information to Quantum.

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.