

CONNECTICUT
PARTNERSHIP PLAN



June 2026 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- Quantum Health
- Medicare Advantage
- Anthem/AmeriBen Update
- Financial Overview

**Please remain on mute and ask any questions through the chat.
Thank you.**

Quantum Health

- HEP Updates

- SPP Compliance

- 2024: 92% household compliance, 8% non-compliance
 - 2025: 84% household compliance, 16% non-compliance

- General Updates

- Self-entry for 2026 requirements is now available
 - 2 additional non-compliance letters are slated for June and July
 - Further details regarding the upcoming 2025 non-compliance files will be communicated in the coming weeks

Quantum Health

- Portal Outage Update
 - <https://quantum-health.com/status>
- General Quantum Health Updates
 - Reminder – Please send any member specific escalations you receive to stateofct@quantum-health.com
 - Upcoming QH portal password change requirement - members will be prompted to reset their password the first time they log-in on or after 7/1/2026

Medicare Advantage

Aetna Medicare 101 Virtual Informational Session – Coming Soon

- Target audience includes potential new Partnership Administrators and groups exploring plan participation
- The session will provide an overview of plan basics, value, and key features of the Aetna Medicare Advantage offering
- Planned for August; session will be held virtually
- Additional details will be shared with Partnership Administrators via upcoming email communication

Anthem/AmeriBen Update

- Members received an email today on the new ID cards. ID cards started printing on 6/17 and will be mailed in batches. Admins should have received an email from our office yesterday.
- If you have not submitted your OE information to Anthem, yet please do so. Updates for 7/1/26 will be changed as they come.
- July 2026 Medical/Rx bills will be delayed because of the transition



Financial Overview

Actives & Non-Medicare Retirees

All Plans

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$835.93	81%	▲ 6.1%
Inpatient Facility	\$164.73	16%	▲ 2.1%
Outpatient Facility	\$325.21	32%	▲ 6.6%
Professional Services	\$324.28	31%	▲ 8.3%
Ancillary	\$21.71	2%	▼ 0.1%
Pharmacy	\$194.91	19%	▲ 10.4%
Total Cost	\$1,030.83		▲ 6.9%

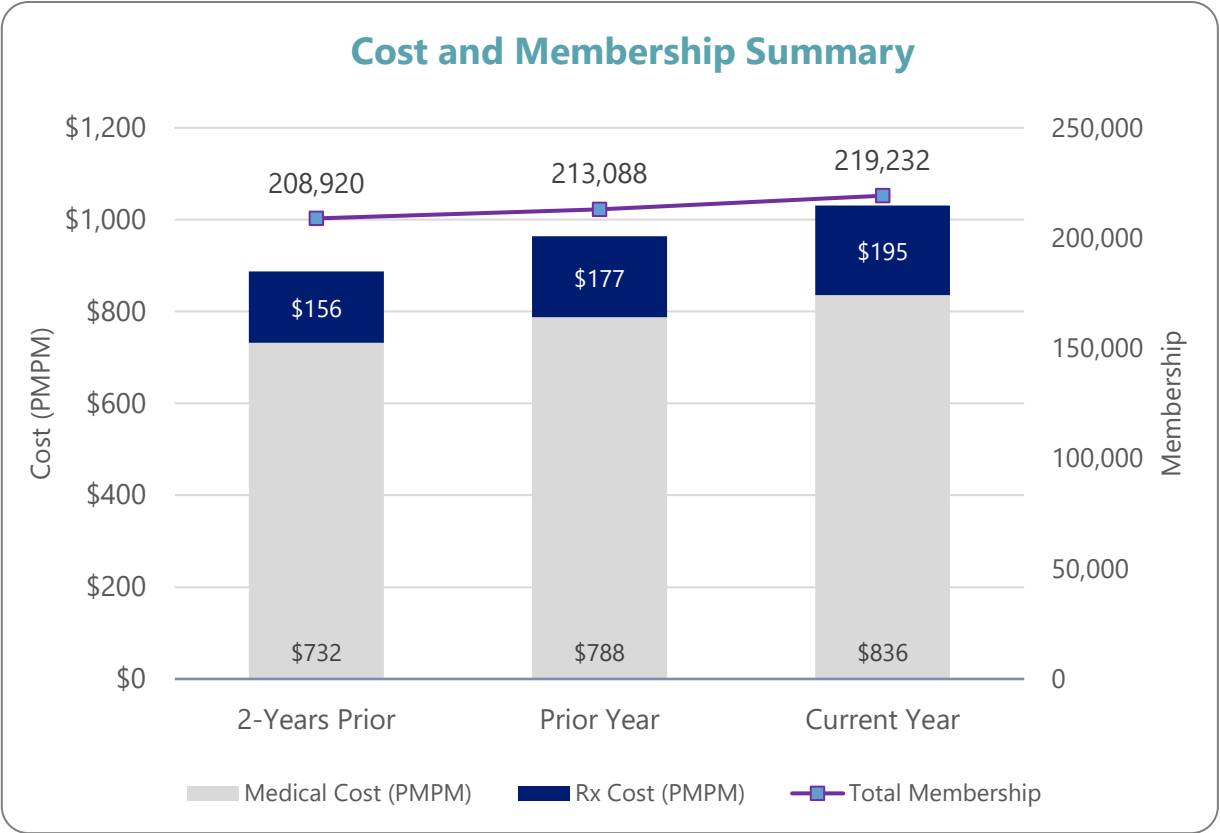
Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Pharmacy - Specialty	\$73.63	\$58.26	▲ \$15.37
Outpatient - Surgery	\$107.73	\$96.65	▲ \$11.08
Inpatient - Medical	\$55.13	\$47.60	▲ \$7.53
Prescription Drugs - Brand	\$97.93	\$92.70	▲ \$5.23
Inpatient - Neonate	\$10.53	\$15.51	▼ \$4.98

Observations

- PMPM medical costs have increased 6.1% Year-over-Year (“YoY”) and accounted for 81% of total spend.
- PMPM Rx costs have increased 10.4% YoY and accounted for 19% of total spend.
- The second table above illustrates the top 5 drivers of trend. Pharmacy - Specialty was the top driver of spend on a PMPM basis, increasing \$15.37 PMPM over last year.

Cost and Membership Summary



¹ Reflects medial and Rx paid claims through April 2026, PrudentRx claims through March 2026. Claims for the current period have been completed using a factor of 0.95

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Questions?

Please remain on mute and use the chat function.

The presentation will be posted to the Partnership Site: [The CT Partnership Plan 2.0](#)

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Appendix

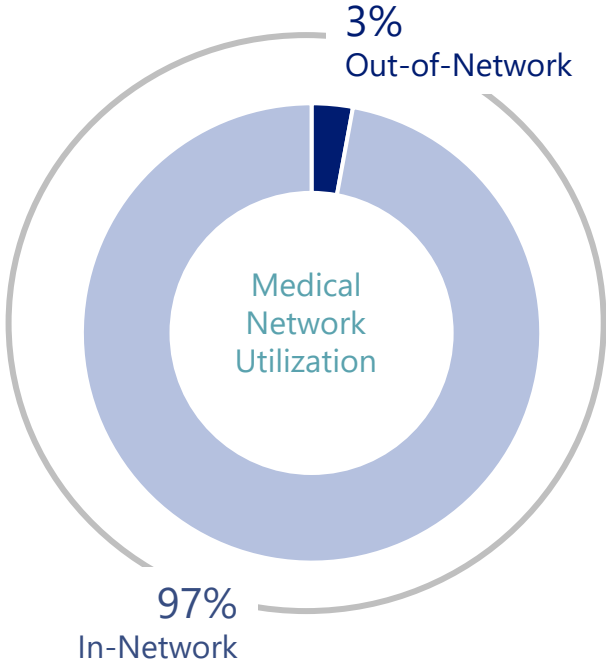
- State of CT & Partnership Utilization Dashboard
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants

Actives & Non-Medicare Retirees

All Plans

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,171	5,090	1.6%
Preventive Services	4,371	4,323	1.1%
Inpatient Admissions	82	75	8.9%
Average Cost Per Admission	\$24,244	\$25,853	-6.2%
Emergency Room (ER) Visits	197	202	-2.2%
Average ER Visit Cost	\$3,185	\$2,844	12.0%
Urgent Care (UC) Visits	429	367	16.8%
Average UC Visit Cost	\$259	\$239	8.4%
Rx Scripts	12,307	11,894	3.5%
Average Cost ¹ per Script	\$190	\$178	6.7%



Observations

- Office visits and Preventive visits per 1,000 increased 1.6% and 1.1%, respectively.
- Inpatient admissions per 1,000 increased 8.9% YoY, while average cost per admission decreased 6.2% YoY.
- ER visits per 1,000 decreased 2.2% YoY, and the average cost per visit increased 12.0% YoY.
- Urgent care visits per 1,000 increased 16.8% YoY, and the average cost per visit increased 8.4% YoY.
- Rx scripts per 1,000 increased 3.5% YoY, and unit cost trend increased 6.7% YoY.

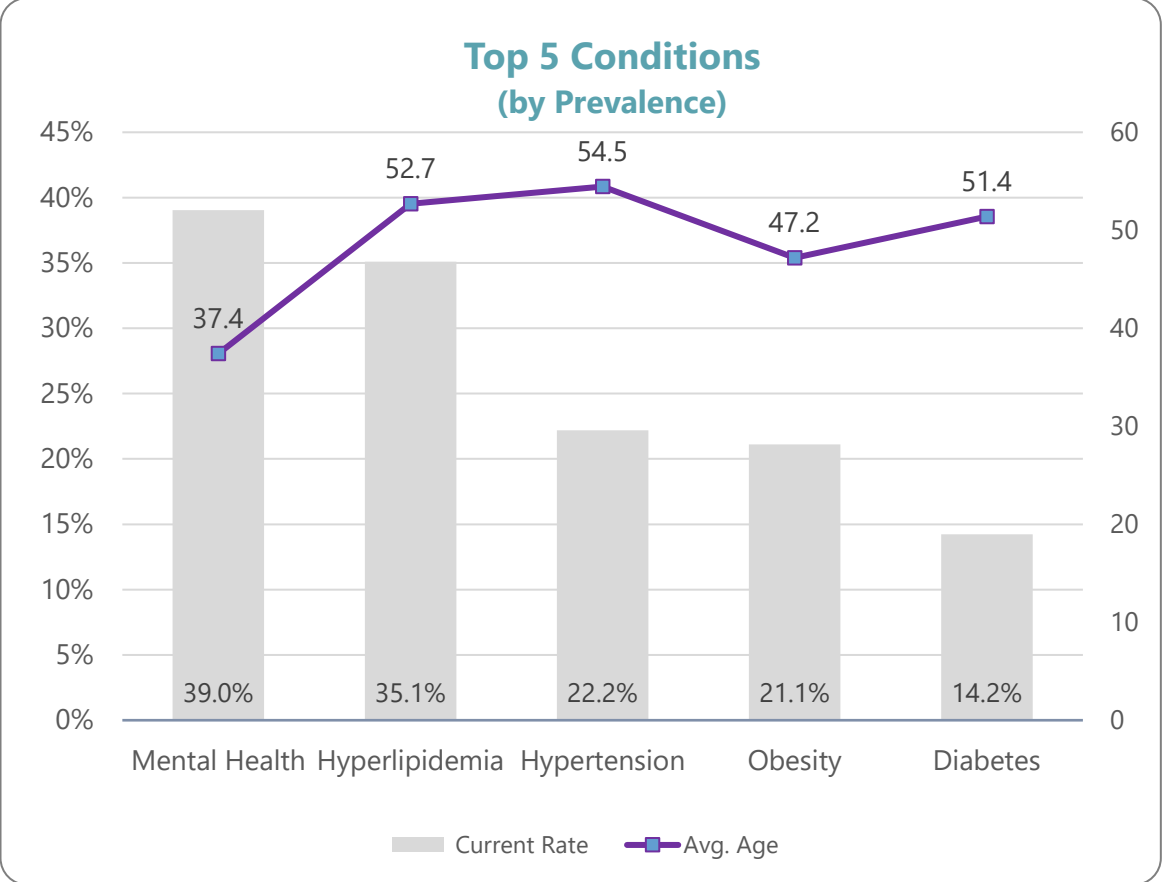
¹ Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence (sorted by prevalence)

Category (Utilization per 1,000)	Current Period	Prior Period
Mental Health	39.0%	37.6%
Hyperlipidemia	35.1%	32.4%
Hypertension	22.2%	21.9%
Obesity	21.1%	19.9%
Diabetes	14.2%	12.4%
Asthma	7.2%	7.4%
Coronary Artery Disease (CAD)	4.1%	3.5%
Substance Abuse	3.9%	4.0%
Breast Cancer	1.0%	1.0%
Prostate Cancer	0.6%	0.6%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Congestive Heart Failure (CHF)	0.5%	0.5%
Colorectal Cancer	0.2%	0.2%
Cervical Cancer	0.0%	0.0%



Observations

- Mental health remained the State’s top disease condition with 39.0% of total members (prevalence) and has increased 1.4 percentage points (pp) YoY.
- Continuing increases in Hyperlipidemia, Obesity, and Diabetes

1 Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees

All Plans

Clinical Compliance Rates

Chronic Condition	Clinical Quality Metrics	All Members			SHAPE BoB ¹	Gender Distribution		Compliance Rate by Gender	
		Population	Current Period	Change (pp)		F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	30,972	85%	▲ 2.0	82%	61%	39%	84%	87%
	Screening for diabetic nephropathy	30,972	65%	▲ 6.9	62%	61%	39%	65%	66%
	Screening for diabetic retinopathy	30,972	49%	▲ 0.8	25%	61%	39%	50%	48%
Hypertension	On anti-hypertensives and serum potassium	31,502	66%	▲ 1.8	61%	42%	58%	66%	65%
Hyperlipidemia	Total cholesterol testing	76,387	82%	▲ 3.4	72%	50%	50%	83%	81%
COPD	Spirometry testing	1,224	36%	▲ 1.3	26%	51%	49%	35%	36%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	8,818	39%	▼ 0.4	41%	34%	66%	31%	43%
	Patients currently taking a statin	8,818	82%	▲ 0.3	70%	34%	66%	72%	87%
Preventive Screening	Breast cancer	56,478	72%	▲ 4.4	56%	100%		72%	
	Cervical cancer	90,424	53%	▲ 0.7	46%	100%		53%	
	Colorectal cancer	72,363	52%	▲ 0.7	41%	54%	46%	55%	48%
	Prostate cancer	33,290	73%	▲ 4.4	38%		100%		73%

Observations

- All preventive screening compliance rates are critically important. Early detection of chronic conditions gives the patient a higher probability of a positive outcome. Expensive treatments in the future can be avoided if these conditions are caught/managed early.
- While some compliance rates are down YoY, the State’s compliance rates remained favorable in most categories when compared to the SHAPE BoB.
- The Plan should continue to frequently communicate the value and importance of preventive screenings.

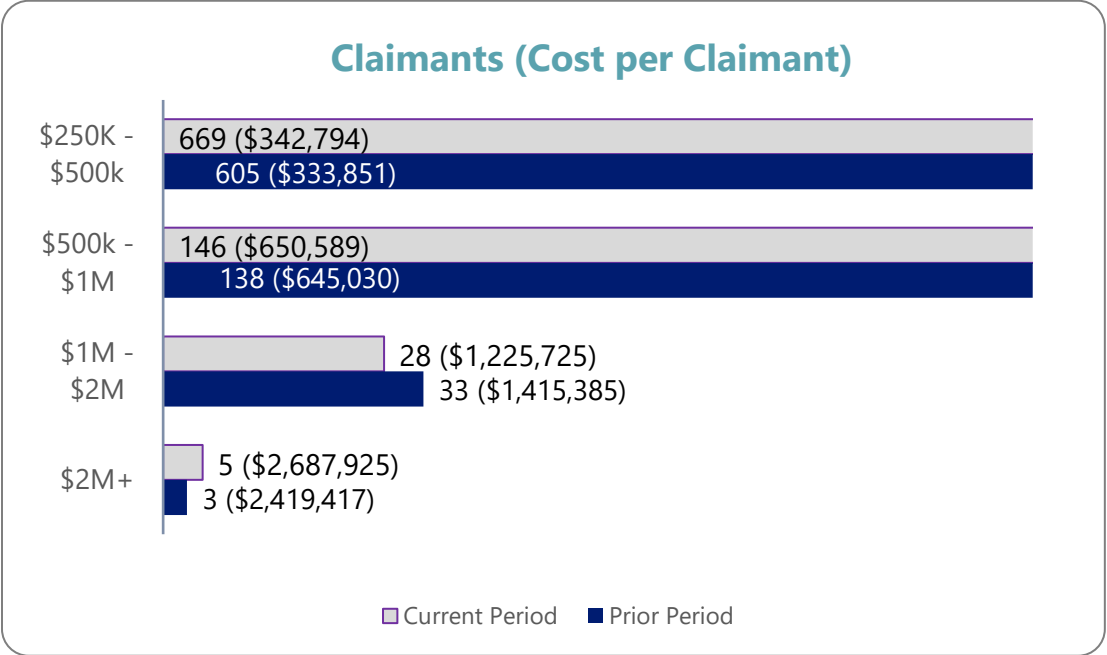
¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2023. Compliance statistics have not been adjusted for risk or severity.

Actives & Non-Medicare Retirees

All Plans

High-Cost Claimants (Medical & Rx \$250k+)

Category (Sorted by Members)	Current Period		Prior Period	
	Claimants	Cost per Claimant	Claimants	Cost per Claimant
Episodic w/ Underlying Health Conditions ¹	193	\$474,048	209	\$467,489
Chronic	185	\$440,717	145	\$438,242
Non-Screenable Cancer	180	\$445,214	162	\$491,147
Rx Dominant	130	\$392,120	104	\$412,784
Screenable Cancer	96	\$407,532	104	\$403,829
Mental Health	27	\$371,302	28	\$361,464
Episodic w/o Underlying Health Conditions ¹	25	\$582,430	18	\$344,855
Substance Use	12	\$352,336	9	\$320,847
Total High-Cost Members	848	\$438,768	779	\$442,824



Observations

- 848 claimants exceeded \$250k in combined medical and Rx spend during the current period, compared to 779 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 23% of high-cost claimants falling into this category. Chronic was the second highest category.
- Rx dominant, which reflects claimants exceeding the threshold mainly due to prescription drug costs rather than medical costs, ranked fourth.

¹ Underlying conditions reflect members with the following conditions: Mental Health, Hyperlipidemia, Hypertension, Obesity, Diabetes, Asthma, Substance Abuse, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), and Congestive Heart Failure (CHF).