

CONNECTICUT
PARTNERSHIP PLAN



July 2024 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- HEP Compliance
- Provider Look-up Tool
- Benefit Resources
- Cigna Vision Cards
- MAPD Cost Update
- Financial Overview

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

Thank you.

HEP Compliance

- 2023 HEP Compliance has ended, and members will be charged for non-compliance as of 8/1/24
- Non-compliant members have received communications on their missing requirements
- If a member has completed their requirements, but is listed as non-compliant, please have them contact Quantum Health (833-740-3258)
- Last Monday (7/15) all groups with non-compliant members should have received an email from Quantum with a list of all those employees who will be charged an extra \$100 premium for 2023 non-compliance. (2 lists sent, disregard morning email)
 - Bills from Anthem will reflect these lists and you should have received them early last week.

New! Provider Look-up Tool

- New features:
 - Provider Ratings
 - Text/Email a provider profile to yourself
 - Clinical Health Program pop-ups associated with condition searches
 - Providers of Distinction and Site of Service filtersAll accessible on the MyQHealth app!

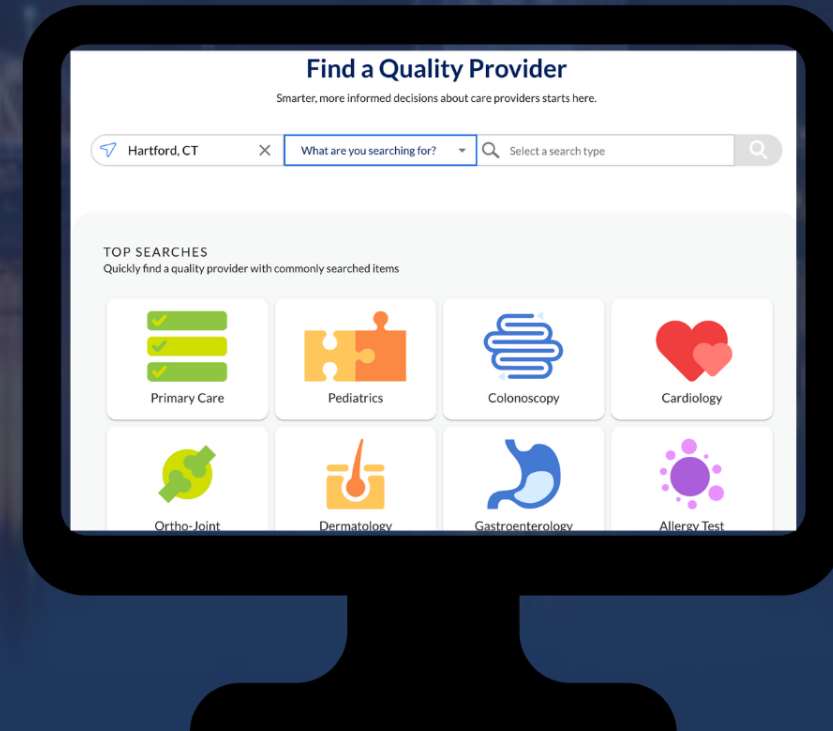
Where to Search:

1. Member, Login Search Tool:

- Log in to the benefits portal from the SPP website or MyQHealth app
- Click My Plan then Find Provider
- Includes all features listed above for a personalized experience

2. No-Login Search Tool (Not recommended for enrolled members):

- Go to the SPP website: www.osc.ct.gov/ctpartner
- Click Expanded Access (POS) Lookup Tool under Find Providers
- Available to public/limited features provided



Benefits Resources

Available Resources on www.osc.ct.gov/ctpartner:

- Benefit Summary & HEP Requirements Guide (Benefits Brochure)
- Clinical Health Programs flyer
- Partnership Medical Benefit Summaries (Medical and Pharmacy coverage charts)

Medical Benefit Summary	
PREVENTIVE SERVICES	CT Partnership Plan 2.0 with Health Enhancement Program (HEP)
Primary Care (Adult and Child Wellness Exams)	\$0 co-pay
Gynecologist Wellness	\$0 co-pay
Mammogram	\$0 co-pay
Lifetime Maximum	Unlimited
OTHER SERVICES	CT Partnership Plan 2.0 with Health Enhancement Program (HEP)
Deductible	Not applicable
Acupuncture (20 visits/year)	\$15 co-pay
Chiropractic	\$0 co-pay
Nutritional Counseling (3 visits/year)	\$0 co-pay
Physical/Occupational Therapy	\$0 co-pay
Durable Medical Equipment	\$0 co-pay
Routine Hearing Screening (as part of an exam)	\$15 co-pay

Pharmacy Benefit Summary			
PRESCRIPTION COVERAGE	Maintenance Drugs	Non-Maintenance Drugs	HEP Chronic Condition Drugs
Generic	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name	\$40	\$40	\$12.50
Annual Maximum	Unlimited		
Max out of Pocket	\$4,600 Individual / \$9,200 Family		

CARE COMPASS **CONNECTICUT PARTNERSHIP PLAN**

State of Connecticut Health Plan Clinical Health Program Offerings

Partnership Plan, and their spouses and dependents

Orthopedic Care
Virtual service available seven days per week with licensed medical professionals via video chat or phone with acute or chronic musculoskeletal pain or joint mobility and stability issues. An 8-week Spine Health Program includes a pre-post range of motion evaluation, exercise plan and virtual coach assistance throughout.
Administrator: Upswing Health
Eligibility: All members. Dependent children under 18 can use Upswing with parental consent and supervision.
Enrollment: Any time at upsinghealth.com/partner/ct


Diabetes Prevention
A 12-month virtual class utilizing the CDC recognized diabetes prevention program curriculum begins every quarter providing educational meetings, coaching and challenges that build healthy habits and focus on prevention.
Eligibility: Members 18-79. Management of those with either type 1 or 2 diabetes. This is exclusively for those diagnosed with type 2 diabetes.
Enrollment: Apply any time at virtualexp.com

Weight Management
Fyfe combines anti-obesity medications with medicine specialists. Upon patient consent, can collaborate with the member's PCP by Encounter Summaries upon request.
Administrator: HealthEquityFyfe
Eligibility: Members 18+ with a BMI of 30+ with one weight-related condition (for example heart disease, sleep apnea).
Enrollment: Apply any time at joinfyfe.com

Health Enhancement Program (HEP)
HEP is a voluntary benefit for plan members premiums and prescription savings for many preventive and chronic condition education are program or...
For a list of required exams and screenings FAQs and HEP well-being seminars, visit CT.gov/HEP

Providers of Distinction
"Providers of Distinction" offer top-quality care the entire treatment process when a member provider for an eligible procedure, they want. Upon claim processing, members will receive letters with steps on how to receive the care. For more information on the Providers of Distinction to look up providers in the program, visit CT.gov/providersofdistinction.

Questions?
If you have any questions on the State of Connecticut plan offerings, contact Quantum Health at 800-444-4444



CONNECTICUT PARTNERSHIP PLAN 2.0

A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-to-no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same Expanded Access plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT, \$150!), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of-network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State BlueCare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 6, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and or visit osc.ct.gov/ctpartner.

*Source: Healthcare Bluebook healthcarebluebook.com

www.osc.ct.gov/ctpartner

Plan Member Email

Action Required for all groups:

- We will be reaching out soon
- Submit members' emails to partnershipplan@ct.gov
- An Excel template will be provided.

Importance of Member Communications

- Contact information will be used to ensure plan members receive up-to-date information about their benefits.
- Care Compass | Partnership Plan sends essential benefits communications on plan offerings, and benefit updates to make it easy for your employees to connect to their Benefits and HEP Portal and easy access to Care Coordinators.



PRIORITIZE YOUR HEALTH WITH PREVENTIVE CARE

From annual check-ups to cancer screenings, preventive care is designed to keep you healthy by finding health issues early—often before you have any symptoms. The State of Connecticut created the Health Enhancement Program (HEP) to encourage the completion of recommended preventive services.

The HEP requirements were updated for 2024 and 2025 based on the latest guidelines from the U.S. Preventive Services Task Force.

Preventive services are covered at 100% by the State of Connecticut Health Plans.

DON'T DELAY: SCHEDULE YOUR PREVENTIVE CARE TODAY

It can be difficult to schedule preventive care appointments on short notice, so schedule your appointments now to make sure you complete your requirements by December 31.


carecompass.ct.gov
(833) 740-3258
(Monday-Friday, 8:30 a.m.-10 p.m. ET)

MyQ Health

PRST STD
US POSTAGE
PAID
DUBLIN, OH
PERMIT NO 78

5240 Blazer Parkway
Dublin, OH 43017

HEALTH ENHANCEMENT PROGRAM (HEP)
BY THE STATE OF CONNECTICUT. ADMINISTERED BY QUANTUM HEALTH.



CARE COMPASS | **CONNECTICUT PARTNERSHIP PLAN**

We are excited to introduce the newly updated **Providers of Distinction** program!

Find a provider with a proven history of excellence for many common procedures.

The state of Connecticut has identified providers in Connecticut that meet the highest standards of patient care for specific procedures and conditions.

Why Choose a Provider of Distinction?
A "Provider of Distinction" ensures superior care and rewards you with a cash incentive. If you choose one, you will enjoy superior care for common procedures and an exceptional patient experience.

2024-2025 Incentives by Condition or Procedure

- Colonoscopy: \$100
- Endoscopy: \$100

Cigna Vision Cards

- Groups enrolled in the vision rider benefit had new ID cards send to members because of the switch to EyeMed
- Our Partnership website is in the process of being updated to reflect the new vision lookup tool [Vision Provider Locator \(eyemedvisioncare.com\)](http://eyemedvisioncare.com)
- Some groups received their new vision ID cards, but the mailing insert stated, “Dental Card”, instead of “Vision Card”
 - It is only the insert that the cards are attached to that contains the reference to dental in error
 - The physical ID cards correctly state Cigna Vision serviced by EyeMed and accurately reflect all aspects of Cigna Vision serviced by EyeMed
 - Communications were sent to the affected groups

MAPD Cost Update

- Last quarter we mentioned that costs for the MAPD (Medicare Advantage) plan will be increasing due largely in part to increased CMS costs
- At this point we are expecting approximately a \$70 increase for the 1/1/25 renewal
- We are expecting to have finalized rates in the beginning of the Fall and will share as soon as available

The background is a dark blue, low-key photograph of a bridge at night. The bridge's structure is silhouetted against a slightly lighter blue sky, with several warm-toned lights visible on its spans. These lights create vertical streaks of reflection on the dark water in the foreground. The overall mood is calm and professional.

Financial Overview

Actives & Non-Medicare Retirees

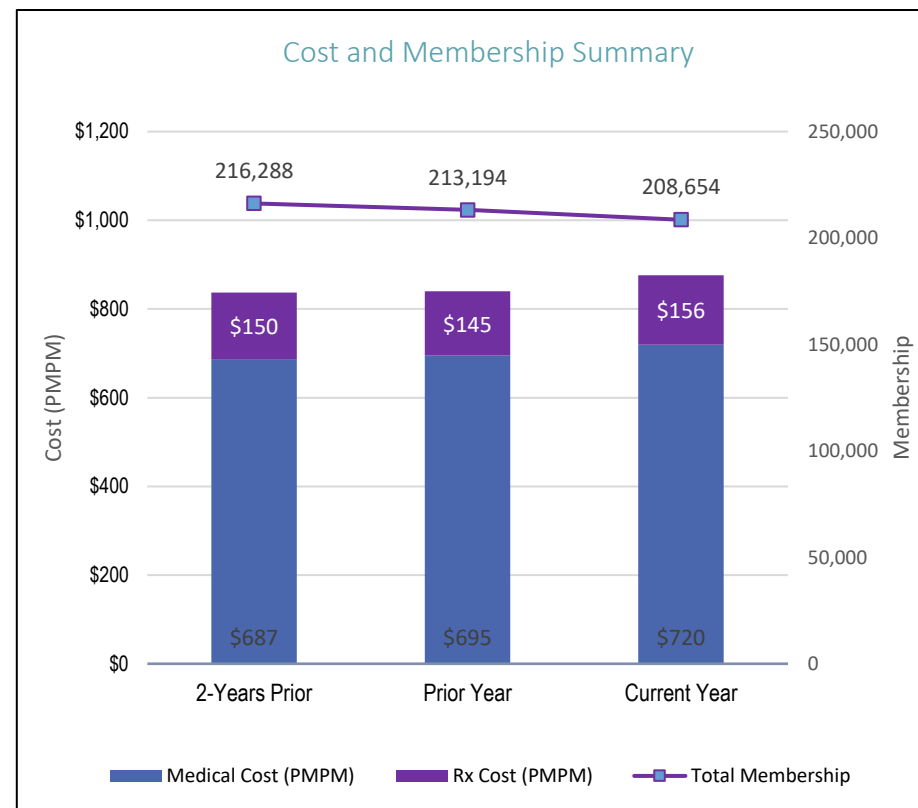
All Plans

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$719.79	82%	▲ 3.5%
Inpatient Facility	\$138.67	16%	▲ 0.8%
Outpatient Facility	\$285.53	33%	▲ 4.4%
Professional Services	\$273.91	31%	▲ 4.0%
Ancillary	\$21.68	2%	▲ 4.5%
Pharmacy²	\$156.19	18%	▲ 8.0%
Total Cost	\$875.99		▲ 4.3%

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$87.56	\$78.35	▲ \$9.21
Outpatient - Surgery	\$90.58	\$83.10	▲ \$7.48
Inpatient - Medical	\$42.78	\$36.26	▲ \$6.52
Inpatient - Surgery	\$57.82	\$63.93	▼ \$6.11
Professional -E&M	\$50.41	\$47.64	▲ \$2.77



Observations

- PMPM medical costs have increased 3.5% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 8.0% 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 \$9.21 PMPM over last year.

¹ Claims for the current period have been completed using a factor of 0.95

² Pharmacy costs reflect PrudentRx savings.

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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](#)

osc.ct.gov/ctpartner

Appendix

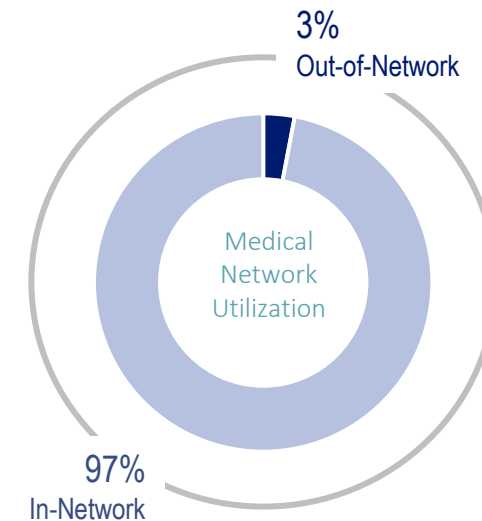
- State of CT & Partnership Utilization Dashboard
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants

Actives & Non-Medicare Retirees

All Plans

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	4,886	4,901	-0.3%
Preventive Services	4,465	4,607	-3.1%
Inpatient Admissions	75	67	11.0%
Average Cost Per Admission	\$22,301	\$24,562	-9.2%
Emergency Room (ER) Visits	205	201	1.8%
Average ER Visit Cost	\$2,795	\$2,881	-3.0%
Urgent Care (UC) Visits	408	411	-0.7%
Average UC Visit Cost	\$224	\$224	0.3%
Rx Scripts	11,672	11,581	0.8%
Average Cost ¹ per Script	\$161	\$150	7.1%



Observations

- Office visits per 1,000 remained relatively stable YoY, while preventive services decreased 3.1% YoY.
- Inpatient admissions per 1,000 increased 11.0% YoY, and average cost per admission decreased 9.2% YoY.
- ER visits per 1,000 increased 1.8% YoY, the average cost per visit decreased 3.0% YoY.
- Urgent care visits per 1,000 and average cost per visits remained relatively stable YoY.
- Rx scripts per 1,000 increased slightly when compared to the prior period, and unit cost trend increased 7.1% YoY.

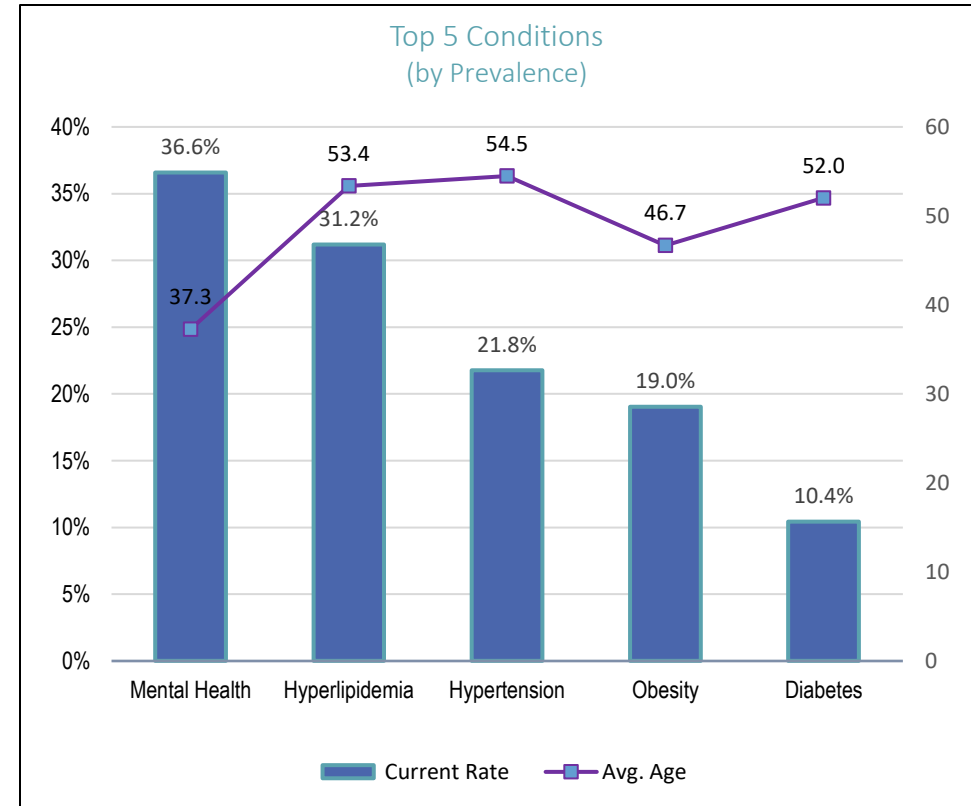
¹ Pharmacy costs reflect PrudentRx savings and other direct manufacturer savings.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	36.6%	36.0%
Hyperlipidemia	31.2%	29.9%
Hypertension	21.8%	21.3%
Obesity	19.0%	17.8%
Diabetes	10.4%	8.7%
Asthma	7.6%	7.2%
Substance Abuse	4.1%	4.2%
Coronary Artery Disease (CAD)	3.2%	2.9%
Breast Cancer	1.0%	1.0%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Prostate Cancer	0.5%	0.5%
Congestive Heart Failure (CHF)	0.5%	0.4%
Colorectal Cancer	0.2%	0.2%
Cervical Cancer	0.0%	0.0%



Observations

- Mental health remained the State's top disease condition with 36.6% of total members (prevalence) and has increased 0.6 percentage points (pp) YoY.
- Continuing increases in Hyperlipidemia, Obesity, and Diabetes

Actives & Non-Medicare Retirees

All Plans

Care Gaps and Compliance Rates

Chronic Condition	Clinical Quality Metrics	All Members				Gender Distribution		Compliance Rate by Gender	
		Population	Current Period	Change (pp)	SHAPE BoB ¹	F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	21,596	82%	▼ 0.5	82%	57%	43%	79%	86%
	Screening for diabetic nephropathy	21,596	64%	▼ 3.5	62%	57%	43%	62%	66%
	Screening for diabetic retinopathy	21,596	53%	▼ 1.4	25%	57%	43%	53%	53%
Hypertension	On anti-hypertensives and serum potassium	28,268	65%	▲ 1.2	61%	42%	58%	65%	66%
Hyperlipidemia	Total cholesterol testing	64,581	80%	▲ 0.1	72%	48%	52%	81%	80%
COPD	Spirometry testing	1,311	37%	▲ 2.5	26%	54%	46%	35%	38%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,549	40%	▼ 1.0	41%	34%	66%	32%	44%
	Patients currently taking a statin	6,549	81%	▲ 0.4	70%	34%	66%	71%	86%
Preventive Screening	Breast cancer	53,601	66%	▼ 0.3	56%	100%		66%	
	Cervical cancer	86,074	52%	▼ 0.7	46%	100%		52%	
	Colorectal cancer	69,620	55%	▼ 1.6	41%	54%	46%	58%	51%
	Prostate cancer	32,023	71%	▲ 0.4	38%		100%		71%

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.
- Noticeable increases in all preventive screening rates.
- While some of compliance rates are down YoY, the State's compliance rates remain favorable in all categories when compared to the SHAPE BoB.
- The Plan should continue to frequently communicate the value and importance of preventive screenings.

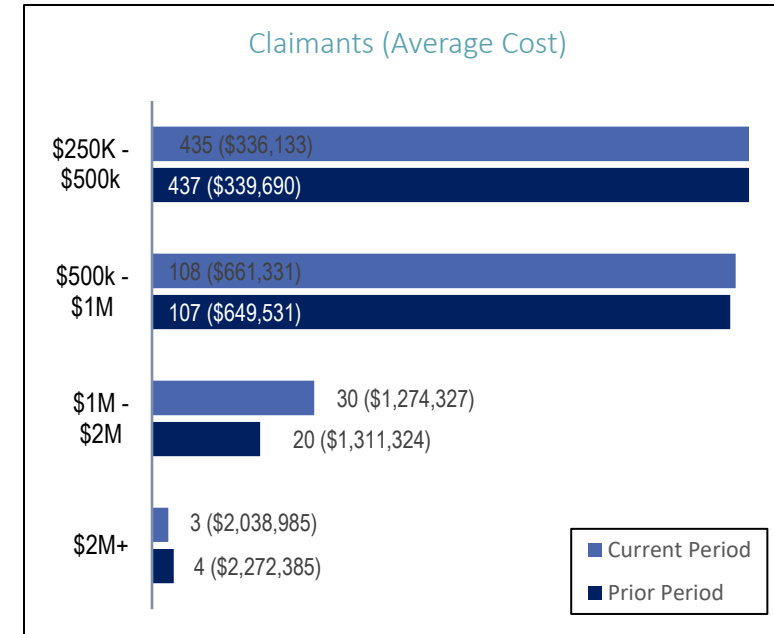
¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2022. Compliance statistics have not been adjusted for risk or severity

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	155	\$453,348	168	\$458,425
Non-Screenable Cancer	117	\$523,579	121	\$478,451
Chronic	116	\$440,636	105	\$477,109
Screenable Cancer	77	\$411,003	84	\$407,120
Rx Dominant	71	\$425,762	61	\$372,997
Episodic w/o Underlying Health Conditions ¹	21	\$526,864	8	\$482,518
Mental Health	16	\$338,606	17	\$350,861
Substance Use Disorder	3	\$294,135	4	\$370,069
Total High-Cost Claimants	576	\$454,656	568	\$445,881



Observations

- 576 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 568 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 27% of high-cost claimants falling into this category. Non-Screenable Cancer 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).