HEALTHCARE COST
CONTAINMENT COMMITTEE

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

HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES
October 16, 2023

Meeting Called to Order by **Josh Wojcik**:

Attendance:

Labor	State Comptroller Administrative Staff
Carl Chisem – CEUI	Joshua Wojcik
Dan Livingston – SEBAC	Thomas Woodruff
	Presenters
	Bernie Slowik – OSC
	Rae-Ellen Roy – OSC
Management	Betsy Nosal -OSC
Gregory Messner	
Karen Nolen	
	Consultants
Dept. of Insurance	Terry DeMattie, Segal
Paul Lombardo	

Public Comment:

No public comment

Financials:

While we're still looking to balance it right about 0 between our appropriation accounts for the end of this year, the act of appropriation is looking better than it was last month. The activity has improved with the update and review of the benefits billing state share. However, the flow of funds was less than initially anticipated, and some adjustments were made. There is a potential shortfall of about $3 million in the active appropriation due to a much higher population than expected. There have been a lot of new hires in this fiscal year. The cash accounts are performing well, but there were higher claims costs in

the past month than initially anticipated. Although we still hold a decent balance, we aim to build up the IBNR reserve towards the end of the year.

On the retiree general fund appropriation, we expect to close the year at around $5.8 million. Medicare released the preliminary information regarding the Medicare Part B premiums for 2024, which are higher than expected. It was budgeted at 5%, but it looks like it will be about a 6% increase overall. This has been factored in, along with the updated premiums for the Medicare Advantage Plan starting on 1/1/24. The OPEB FAD accounts on the retiree side are still performing well. However, there has been an increase in the overall claim costs, which has caused us to be a bit shorter than last month. We have taken this into account for the remainder of the year.

Question: *There was a projected deficit of about 8.5 million for retiree health last month, and now, a lapse of almost 6 million. Is this entirely due to the expected January premium updates?*

Answer: *Yes. It is the updated premiums that we expect in January, but we also reevaluated the premiums that are flowing through today. Our population is aging quickly, so our transition from commercial plan to Medicare Advantage Plan is happening a lot faster than it has in previous years. That growth is increasing dramatically, while the commercial plan growth is static. Typically, we factor in a growth factor on the commercial plan, but that is not the case.*

Partnership:

As of October 10/1/2023, Partnership 2.0 still has 153 groups enrolled, totaling just over 23,000 employees and approximately 50,000 members. The number of members went down because the Norwalk teachers did leave in September, but we still have the same number of groups; just a partial group did leave in September. The quarterly partnership update meetings for existing groups will be held in November. The meetings will provide an initial rate projection range for the 7/1/2024 renewal.

The partnership 1.0 still has five groups remaining, totaling approximately 2400 employees and just under 3400 members.

High-Level Utilization:

In our previous dashboards, we presented the raw pharmacy trend, which excluded the PrudentRx savings. We showed the PrudentRx savings separately. However, we have recently updated our reporting package to incorporate the PrudentRx discounts for the entire plan. This dashboard covers the full fiscal year of 2023, from July 2022 through June 2023. The PrudentRx savings have been fully rolled into it and had a significant impact. In recent months, the pharmacy trend was one of the most significant trends we experienced, ranging from 7% to 9%, depending on the month. With the PrudentRx savings, it ended up closing the fiscal year with a - 6.6 % trend in pharmacy due to those savings that were offset by a 4.1% medical trend. A few months ago, it was only 3%, and now it has increased to 4.1%, which continues to be driven by outpatient facilities. Although we are seeing a

slight increase in professional services, the outpatient facilities remain a consistent driver of trends. We will be taking a closer look at outpatient facilities in the coming months.

Quantum Implementation:

Quantum collects members' comments that come into the POD. Many members and providers appreciate what they do. The engagement by relationship is broken down to where the calls come from, mainly from employees (34.8%), followed by spouses (30.3%) and dependents (14.2%). Then, the attempted engagement is if the member calls in and has a specific issue and questions that need more research; Quantum attempts to engage with members by answering their questions, getting back to them via chats or messages, or escalating their issues. They were successfully able to reach just under 27% of the membership that they outreached to.

Members interact with Quantum the most through the member portal; you can see these as MyQHealth Logins, which are not unique logins and are cumulative; this could be accounted for by one member logging in three times. The second most common is phone calls; most members like to talk on the phone. Then, the members use the chat feature within the member portal and the secure messages if you have something secure that you are sending back and forth within the portal. In August, communication increased because of the HEP letters sent to non-compliant members.

The top three most asked questions by members are about network benefits, office visits, and diagnostic services. Quantum made 1,770 vendor referrals this month, with Virta Health (856), Telehealth (372), and Flyte (162) being the top three.

Communications Update:

For the monthly email impact, aside from our monthly upswing and HEP wellbeing seminars, which continue to get traction and people joining and clicking through, to further support our members, we also offered a HEP FAQ and support to answer common questions and guide them to the portal. In addition, we have a diabetes prevention program that runs quarterly, and a new class starts this month. We are actively promoting this program to encourage sign-ups and provide information on where to register. Our members are responding well to both the HEP program and the diabetes prevention program, as evidenced by the excellent open rate. Our members are paying attention and following through Care Compass.

We conducted our annual survey and noticed a slight increase in participation. Although we have reached nearly 6000 members, we will continue to strive for more in the upcoming years. The majority of the participants are enrolled in the expanded and standard access plans. After analyzing the responses, we found that the main reason for choosing a plan is access to a large network of providers. This was followed by finding the lowest premium with a broad network and, thirdly, the out-of-network coverage.

Regarding dental plans, most participants are looking for additional dental procedures, with orthodontic coverage being the most popular. We also noticed that people tend to change their plan to the one that suits them best after their orthodontic needs are met. The most common dental procedures that participants are looking for include coverage for crowns,

fillings, implants, and orthodontics. Overall, the participants are looking for lower out-of-pocket costs. We are currently working with Cigna to provide more options for dentists, as we noticed that some dentists are not accepting new patients. We will conduct a deeper analysis to address this issue.

E benefits is our state of Connecticut platform, which enables our employees to make changes to their benefits. It is used during open enrollment or when they go through a qualifying life event. The platform was introduced last year, and we have made improvements based on the feedback we received. We have updated the guide to make it shorter and simpler, communicated some quick tips on how to use it, and worked with the agencies as well. The E benefits experience has improved by 14% in terms of ease of use. We are committed to making continued improvements every year to enhance the experience. Some additional feedback received about the enrollment experience or plan options includes the need for vision coverage, desire for well-being programs, and provider network concerns. We are working with both Cigna for the dental provider search and our medical provider for the development of a new medical provider search tool that we are looking forward to introducing.

With Quantum Health beginning in April, we now offer a brand-new benefits portal that not only allows our employees to get their HEP information but also to have a richer experience with all their benefits and information. It is still new, but we're pleased that the group that took our online survey successfully logged into the portal. It's great that members are becoming more familiar with the portal and its features. However, we still have some work to do in terms of marketing and communication to address certain concerns, especially regarding online security. We want to assure our members that their information is secure and private. We understand that not everyone is on electronics all day long, so we are actively working on reaching out to different bargaining groups and agencies to provide assistance to as many people as possible.

During the survey, we also asked about our point solutions, such as the diabetes prevention program, the diabetes management and reversal program with Virta, Orthopedics with Upswing, the brand-new obesity weight management program through Flyte, and the virtual psychologist LiveHealth, which was largely marketed through Care Compass during the pandemic. While these programs were recognized, most of those polled have yet to have a need for them.
Overall, our diabetes program received high recognition, including the diabetes prevention program. We'll continue to work on improving our services and reaching out to more people.

When asked about the HEP program, we are trying to determine how to help our employees become HEP compliant sooner. We expect the portal to help us achieve this goal as its usage numbers continue to grow. The survey revealed that many employees still associate the new HEP portal with past experiences, even though it offers a wide range of benefits. We are trying to dispel preconceived notions of the past portal by highlighting its unique features. The new portal is more robust and user-friendly than the previous version. Many people who took the survey had already scheduled their appointments, while others expressed concerns about wait times. We have launched the primary care initiative program to address appointment scheduling issues, and we will continue to improve the process. Some employees also needed clarification about having to wait a full year before scheduling an annual exam. We will send communications to clarify that their plans allow

them to schedule their physicals earlier. We will work with Quantum Health to improve their communications and portal registration processes.

Our next steps involve working with Emblem Health and Cigna to evaluate the provider search tool's effectiveness. We will also explore new options for HEP compliance, such as text messages and earlier notices, and conduct focus groups for health and well-being awareness programs.

Question: *31% of members had significant problems with the E benefit portal. Do we know whether people typically doing this at work or home, and is there a way to do a breakdown by bargaining units of where people fit into these categories? It is too small a sample and would want to know whether there's a pattern that we might be able to learn something from.*

Answer: *Betsy will have to see if she can connect some of that data to answer the question.*

Transparency:

A reminder that the transparency data for the fiscal year 2023 has been published on the Open Connecticut website.

Primary Care Initiative

We currently have 11 groups of 12 patient panels because of a large pediatric panel that is one group under contract now. All the data from both CVS and Anthem are fully integrated into the analytic platform at Anthem, which all the physicians have access to. We meet with each group every other week to share data, discuss how they are doing, and go through an in-depth analysis to help them improve.

We are facing challenges regarding the larger PMPM payments we provide for care coordination. This has led to confusion about the roles versus Quantum Health. We have had meetings with provider groups to discuss this issue. Quantum Health helps people navigate, but they also perform some care coordination. We are working with Quantum Health and Anthem to resolve this issue.

Currently, around 100,000 members are attributed to the contracted groups. We are negotiating with four more groups to add them starting January 1, 2024. We are optimistic about how the program is going. So far, the scorecards for the groups we met with have been very encouraging; they seem to be meeting and exceeding their targets.

Josh Wojcik – invited other questions or comments from committee members and the public. There were no additional questions or comments, call for motion to adjourn.

Motion to Adjourn was made by Gregory Messner, seconded by Dan Livingston.

Meeting was adjourned.