



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

HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES
July 10, 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	
Gregory Messner	
	Consultants
Dept. of Insurance	Terry DeMattie, Segal
Paul Lombardo	

Public Comment:

No public comment

Financials:

We are awaiting final figures from higher education – to close out the year, but we are looking at closing the active health appropriation at just under \$27M. On the active healthcare Funds Awaiting Distribution (FAD) appropriation, it appears one of the transfers that should have occurred did not hit the accounts as it should have so there was a decrease in the overall FAD balance but this will be corrected to have sufficient funds to cover.

On retiree health appropriations, doing very well and anticipate closing with a surplus of approximately \$98.6M. The overall FAD account is showing a combined surplus of \$198M. Will send backup for this report following the meeting.

Partnership:

Partnership 2.0 - As of July 1, there are 153 groups enrolled and totaling just under 24,000 employees and approximately 54,000 members. As of July 1, three groups will join the partnership plan, at the same time, eight groups have exited the plan.

Quarterly partnership utilization updates for existing groups and those will be held on Monday, July 17th and Thursday, July 20th.

Partnership 1.0 - Five groups remaining totaling 2,400 employees and just under 3,400 members.

High-Level Utilization:

Utilization trend is similar to what we saw last month - medical is trending at around 3% while pharmacy is around 6.7%, giving us a combined 3.7% cost trend through the end of March. This does not incorporate savings realized through Prudent Rx, to be covered later in the meeting.

Quantum Implementation:

As of July 1, Quantum working with Anthem to improve the customer service experience and the utilization management experience. Communications will be sent to members explaining services available to members to be facilitated by Quantum. All user email to be sent in the coming week. Communications in July will also include a Virta update, as this volunteer program for diabetes management moved over from Livongo. Also for July 1st is the communication on Flyte, a new program which allows members to access weight management services that may include AOMs. On August 1st, we have an update for provider services, providers calling into Quantum for prior authorization. Will be launching a survey for members to understand what works and what doesn't for members. For September 1st, we anticipate the Quantum provider lookup tool to be live, with an improved provider search functionality, that include providers of distinction and site of service.

Q: If a member calls Anthem, how is it handled?

A: The call is taken by a customer service representative at Anthem and is then rerouted to Quantum

July 1 Launch Reminders:

To recap new launches: Virta Health diabetes management program, Flyte weight management and Razor Metrics, taken some time to launch with CVS. This program identifies opportunities where there is a therapeutic equivalent of a drug that is less costly

to the plan (with a cost differential of >\$25) , this information is shared via fax with the provider who may prescribe the lower cost equivalent. Will share reporting with the group when this becomes available.

Communications Update:

Email communications that went out in the last month include information on the health and wellbeing seminars have hit inboxes, good open rate, as well as a webinar to learn more about Upswing and the services they provide. This month will also send the mailed bifold introducing Quantum and services they will be providing to membership and the centralization of customer service.

Program Analysis:

Update on PrudentRx, last update was May through March actuals. At that time, we reported a savings amount of \$23M. This report captures data through May and the program has achieved a \$28M net savings. Total number of claims processed is close to 40K (i.e. actual number of prescriptions) and the total member savings is significant, projected to exceed total projected savings.

Q Is this savings related to more specialty spend or is there another reason for the savings?

A: Seeing more in the way of manufacturer assistance - trend projection on pharmacy was around 7.5% and current is 6.7, so when we factor this in it is overall much better than projected, with better than projected manufacturer assistance. With specialty added back in, we are seeing a negative trend in pharmacy.

Q: What is the percentage of members who have opted out of the program?

A: Per CVS, there are 80 members who have opted out, just over 1%. Will follow up with actual counts.

Q: Is there a breakout of the split between state of CT members and Partnership members?

A: Yes, will update with the breakout and share the revised slides.

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 Dan Livingston, seconded by Gregory Messner.
Meeting was adjourned.