



# Health Care Update

**February 13, 2024**





- Financials (Rae-Ellen)
- Financial Sustainability (Josh)
- Partnership (Bernie)
- High-level utilization (Josh)
- Auditing RFP
- Quantum Call Center Reporting (Quantum)
- Communications (Betsy)
- Primary Care Initiative Update (Tom/Sandra)



# Public Comment



<b>FY 2023-2024 Anticipated Year End Health Account Balances</b>	
Budget Review 1.15.24	
<b>Active Employee Healthcare Appropriation</b>	
<b>Projected Appropriation Balance:</b>	<b>\$ 8,863,851.47</b>
<b>Active Employee Healthcare FAD Accounts</b>	
Projected Active Health FAD	\$ 128,358,125.82
Projected Active Rx FAD	\$ 23,263,467.69
<b>Combined FAD Balances:</b>	<b>\$ 151,621,593.51</b>
<b>Retired Employee Healthcare Appropriation</b>	
<b>Projected Appropriation Balance:</b>	<b>\$ 2,776,673.52</b>
<b>Retired Employee Healthcare OPEB FAD Accounts</b>	
Projected Retiree Health	\$ 203,575,424.71
Projected Retiree Rx	\$ 12,645,557.47
<b>Combined FAD Balances:</b>	<b>\$ 216,220,982.17</b>

# Health Accounts - Long-term financial sustainability



Fiscal year	2017	2023	Compound Annual Growth Rate FY 2017 - FY 2023
State Employees Health Service Cost	\$ 644,726,791	\$ 716,534,964	1.8%
Retired State Employees Health Service Cost	\$ 706,466,675	\$ 737,679,078	0.7%
Sub-Total - Health Accounts combined	\$ 1,351,193,466	\$ 1,454,214,042	<b>1.2%</b>
General Fund Expenditures	\$ 17,763,039,724	\$ 22,198,901,250	3.8%
Health Accounts as % of GF budget	<b>7.6%</b>	<b>6.6%</b>	
Enrollment Active	49,416	47,655	
Enrollment Retiree	49,385	56,715	
Total Employees	98,801	104,370	0.9%
GF Cost growth on a PEPM basis	\$ 13,676	\$ 13,933	<b>0.3%</b>



## Partnership 2.0

As of 2/1/24 we have 154 groups enrolled totaling just over 23,000 employees and approximately 50,000 members.

There is one small group joining for 4/1/24 and one confirmed for 7/1/24. We have several new potential groups that are showing interest for 7/1.

Met with our administrators last month for our quarterly update. Provided them with an updated range of 3-5% for the 7/1/24 medical/rx renewal. Also mentioned that we plan to have finalized rates the first week in March which is about a month earlier than previous years.

## Partnership 1.0

As of 2/1/24 we still have 5 groups remaining totaling approximately 2,400 employees and just under 3,400 members.



# UTILIZATION DASHBOARD

## State of Connecticut

Reporting Periods (Paid through December 2023)

Current Period: November 2022 – October 2023

Prior Period: November 2021 – October 2022

# Actives & Non-Medicare Retirees

## All Plans

# Utilization Dashboard

Current Period: Oct 2022 – Sep 2023

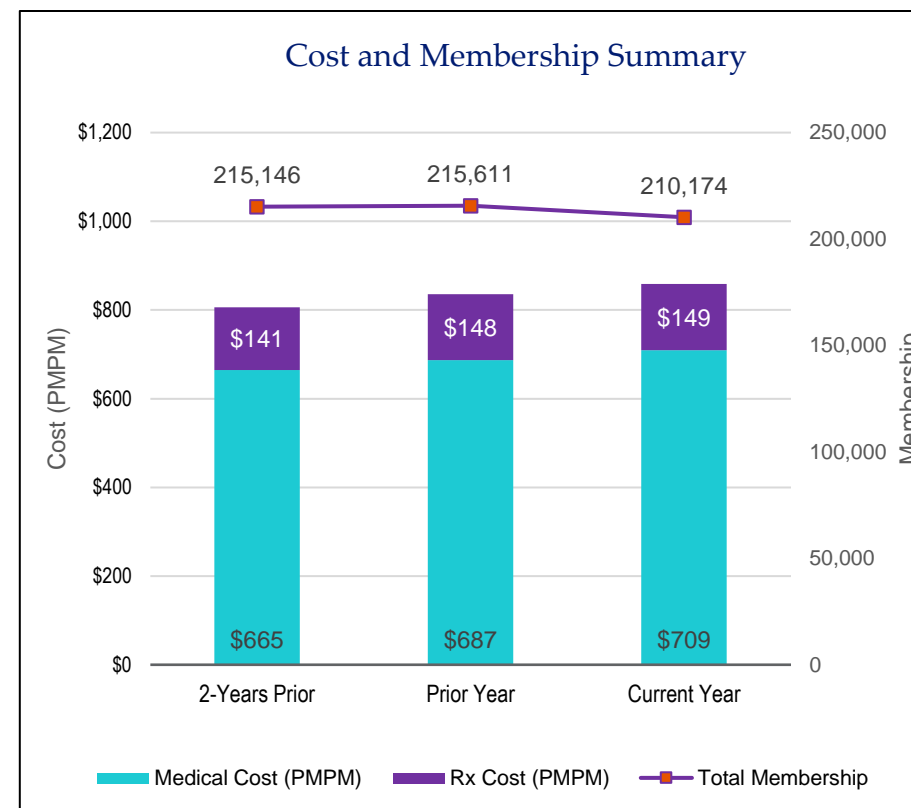
Prior Period: Oct 2021 – Sep 2022

### Claims Summary<sup>1</sup>

	Total Cost (PMPM)	% of Total Cost	Current Trend
<b>Medical</b>	<b>\$709.10</b>	<b>83%</b>	<b>▲ 3.2%</b>
Inpatient Facility	\$132.73	15%	▼ 2.8%
Outpatient Facility	\$284.20	33%	▲ 5.6%
Professional Services	\$270.67	32%	▲ 4.0%
Ancillary	\$21.50	3%	▲ 2.9%
<b>Pharmacy<sup>2</sup></b>	<b>\$149.44</b>	<b>17%</b>	<b>▲ 0.7%</b>
<b>Total Cost</b>	<b>\$858.53</b>		<b>▲ 2.8%</b>

### Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Outpatient - Surgery	\$89.45	\$80.09	▲ \$9.36
Inpatient - Surgery	\$56.96	\$64.45	▼ \$7.49
Outpatient - Lab/Pathology	\$9.18	\$13.68	▼ \$4.50
Professional - Lab/Pathology	\$17.06	\$20.53	▼ \$3.47
Professional -E&M	\$49.33	\$46.63	▲ \$2.70



### Observations

- PMPM medical costs have increased 3.2% Year-over-Year (“YoY”) and accounted for 83% of total spend.
- PMPM Rx costs have increased slightly by 0.7% YoY and accounted for 17% of total spend.
- The second table above illustrates the top 5 drivers of trend. Outpatient - Surgery was the top driver of spend on a PMPM basis, increasing \$9.36 PMPM over last year.

<sup>1</sup> Claims for the current period have been completed using a factor of 0.95

<sup>2</sup> Pharmacy costs reflect PrudentRx savings and other direct manufacturer savings.



# Actives & Non-Medicare Retirees

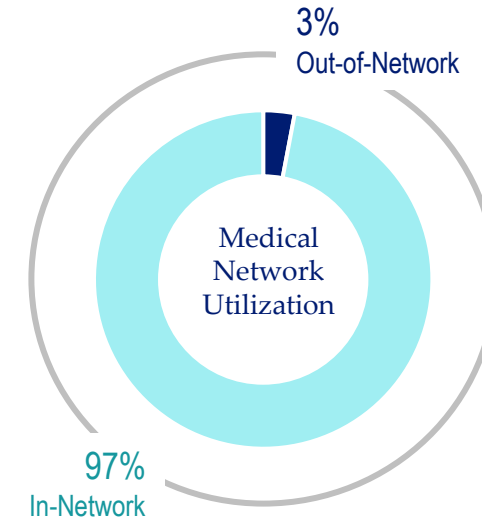
## All Plans

# Utilization Dashboard

Current Period: Oct 2022 – Sep 2023  
 Prior Period: Oct 2021 – Sep 2022

### Key Utilization Metrics

Category ( Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	4,869	4,999	-2.6%
Preventive Services	4,565	4,667	-2.2%
Inpatient Admissions	69	66	5.2%
Average Cost Per Admission	\$22,989	\$24,871	-7.6%
Emergency Room (ER) Visits	205	195	5.1%
Average ER Visit Cost	\$2,825	\$2,860	-1.2%
Urgent Care (UC) Visits	390	445	-12.2%
Average UC Visit Cost	\$225	\$207	8.5%
Rx Scripts	11,618	11,415	1.8%
Average Cost <sup>1</sup> per Script	\$154	\$156	-1.0%



### Observations

- Office visits and preventive visits per 1,000 decreased 2.6% and 2.2% respectively.
- Inpatient admissions per 1,000 increased 5.2% YoY, and average cost per admission decreased 7.6% YoY.
- ER visits per 1,000 increased 5.1% YoY, the average cost per visit remained relatively stable YoY.
- Urgent care visits per 1,000 decreased 12.2% YoY, while the average cost per visit increased 8.5% YoY.
- Rx scripts per 1,000 increased 1.8% YoY, and unit cost trend remained relatively stable YoY.

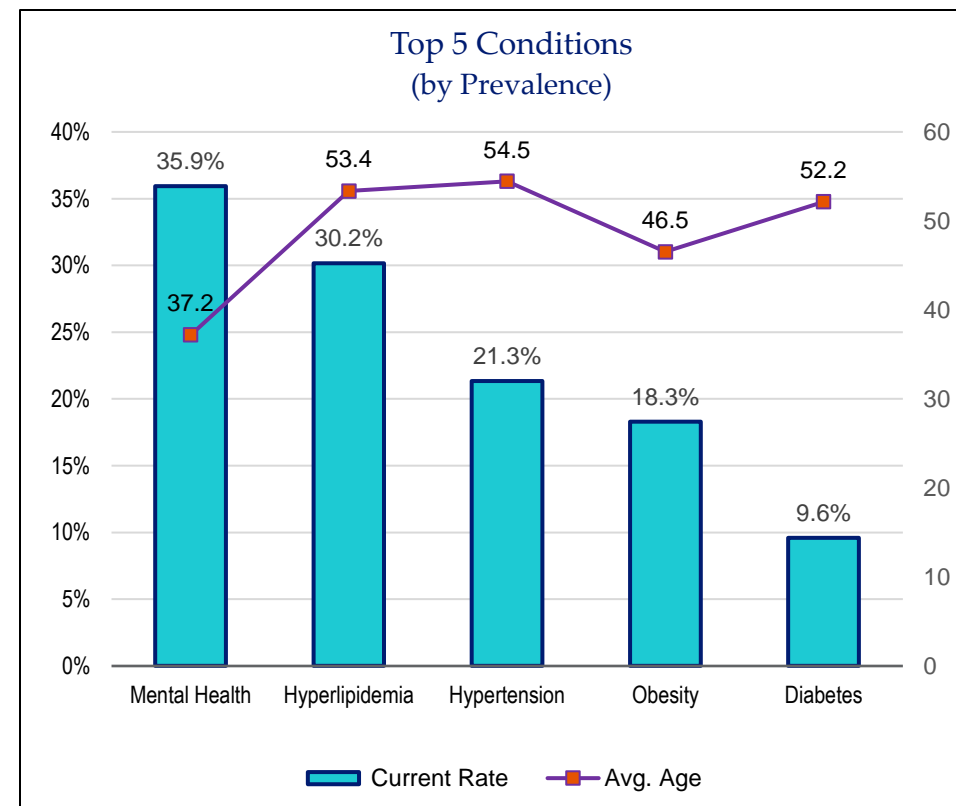
<sup>1</sup> Pharmacy costs reflect PrudentRx savings and other direct manufacturer savings.

# Actives & Non-Medicare Retirees

## All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	35.9%	35.1%
Hyperlipidemia	30.2%	28.9%
Hypertension	21.3%	20.8%
Obesity	18.3%	17.0%
Diabetes	9.6%	7.9%
Asthma	7.3%	6.9%
Substance Abuse	4.1%	4.2%
Coronary Artery Disease (CAD)	3.0%	2.8%
Breast Cancer	1.0%	0.9%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Prostate Cancer	0.5%	0.5%
Congestive Heart Failure (CHF)	0.4%	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 35.9% of total members (prevalence) and has increased 0.8 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 <sup>1</sup>	F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	19,927	81%	▼ 1.3	82%	56%	44%	78%	86%
	Screening for diabetic nephropathy	19,927	66%	▼ 2.9	62%	56%	44%	65%	67%
	Screening for diabetic retinopathy	19,927	55%	▼ 1.2	25%	56%	44%	54%	55%
Hypertension	On anti-hypertensives and serum potassium	28,609	64%	▼ 0.3	61%	42%	58%	63%	64%
Hyperlipidemia	Total cholesterol testing	62,657	79%	▲ 1.0	72%	48%	52%	80%	79%
COPD	Spirometry testing	1,279	37%	▲ 3.0	26%	54%	46%	37%	38%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,165	40%	▼ 1.4	41%	34%	66%	33%	44%
	Patients currently taking a statin	6,165	81%	▲ 0.4	70%	34%	66%	70%	86%
Preventive Screening	Breast cancer	53,267	67%	▲ 2.2	56%	100%		67%	
	Cervical cancer	86,493	52%	▲ 0.1	46%	100%		52%	
	Colorectal cancer	69,225	56%	▲ 2.8	41%	54%	46%	60%	52%
	Prostate cancer	31,788	70%	▲ 2.1	38%		100%		70%

#### 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 frequently communicate the value and importance of preventive screenings.

<sup>1</sup> 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

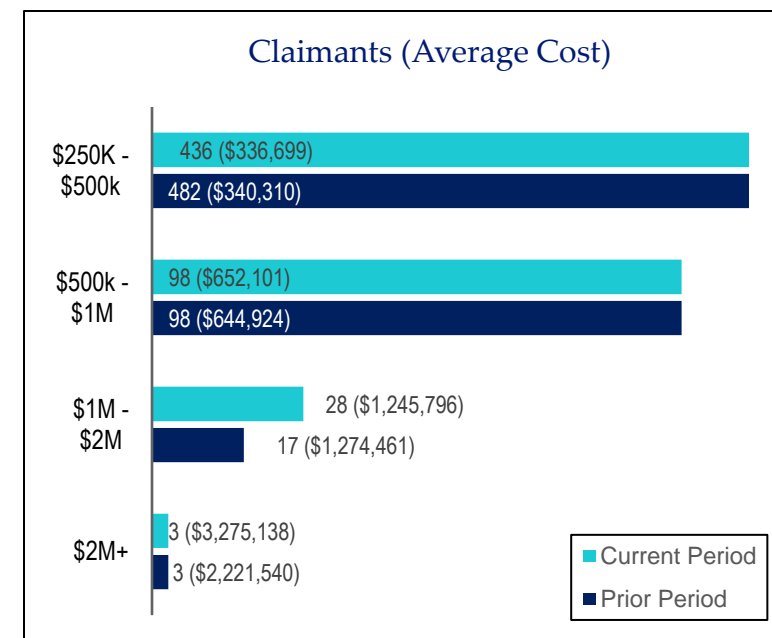
# Utilization Dashboard

Current Period: Oct 2022 – Sep 2023

Prior Period: Oct 2021 – Sep 2022

### 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 <sup>1</sup>	175	\$468,036	171	\$438,298
Non-Screenable Cancer	111	\$516,286	135	\$454,086
Chronic	109	\$431,615	102	\$454,412
Screenable Cancer	73	\$435,765	86	\$374,208
Rx Dominant	67	\$403,371	73	\$378,773
Mental Health	18	\$380,637	13	\$304,760
Episodic w/o Underlying Health Conditions <sup>1</sup>	15	\$459,467	7	\$371,364
Substance Use	2	\$295,005	2	\$268,441
<b>Total High-Cost Claimants</b>	<b>570</b>	<b>\$455,141</b>	<b>589</b>	<b>\$423,652</b>



### Observations

- 570 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 589 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 31% 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 third.

<sup>1</sup> 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).





Auditing Service	
Medical Claims Auditing	Milliman
Dental Claims Auditing	Bluepeak
Pharmacy Financials and Rebate Auditing	Myers & Stauffer
Pharmacy Claims Auditing	Milliman
Specialty Pharmacy Acquisition Cost Auditing	Myers & Stauffer
Dependent Eligibility Audit	Part D Advisors
MAPD claims auditing	Bluepeak
MAPD CMS regulatory compliance auditing	Bluepeak

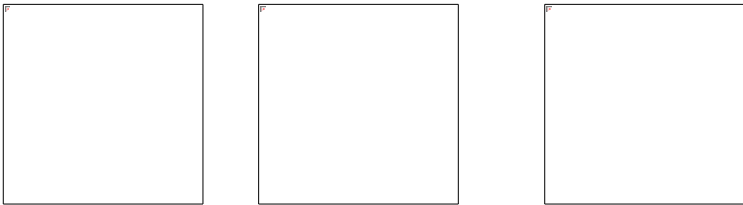


Quantum Call Center Reporting

## GUIDING Sarah



***“[My Care Coordinator] went above and beyond, and she went so far above and beyond to find answers for me. I don't know if there is any way to have my experience used for training in the future, to have that level of skill, dedication, and confidence when dealing with issues.”***



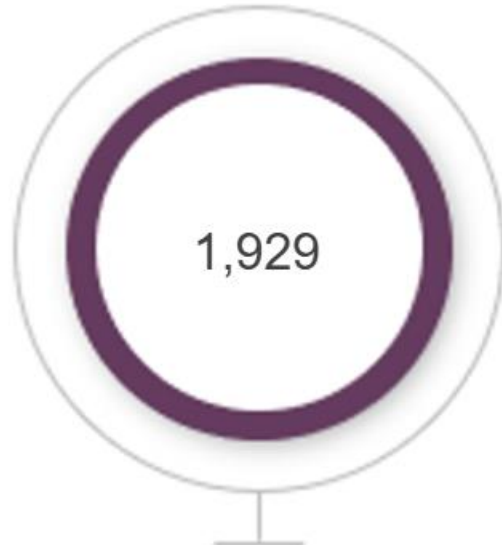
***Summary: “Sarah” had been going through her health care journey alone. She was stressed about high bills and Quantum Health stepped in to help guide her.***

- Quest Diagnostics contacted our team to initiate an authorization and verify benefits/eligibility for Sarah.
- Subsequently, our team reaching out to Sarah to see if she needed any assistance regarding her claims. Sarah explained that she had been receiving Quest Diagnostics EOBs stating she was responsible for paying almost \$10,000 for their claims as the provider was showing as OON.
- Our team investigated this and discovered that the Quest Diagnostics Provider was INN with the member’s plan and the NPI of the ordering physician was showing to be in Arizona, when he practices in CT.
- The care coordinator reached out to Quest and explained they would need to update their NPI with a CT designation. This would rectify the current billing issue and prevent recurrence in the future
- Quest was able to confirm that there was \$0 in patient responsibility as of now and would reprocess the claims correctly.
- Our team relayed this information to the member. Sarah was extremely thankful knowing that she did not owe thousands of dollars.
- Most of Sarah’s claims have been reprocessed showing that she owes no money.
- Our Care Coordinator has been staying in contact with Sarah to ensure the rest of her claims are reprocessed correctly and to serve as a resource to her for any additional assistance she may need on her healthcare journey

# Modes of Successful Engagement Overview **State of Connecticut**



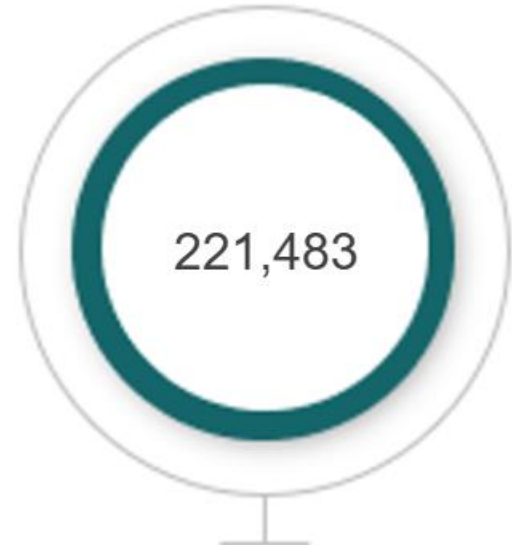
Secure Messages



Chats



Phone Calls



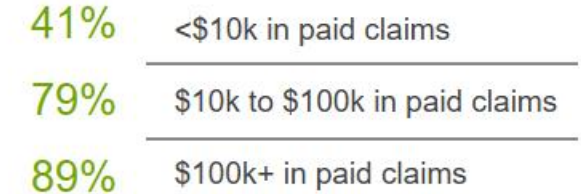
MyQHealth Logins



# Driving proactive, ongoing member engagement **State of Connecticut**



## Engagement



<sup>1</sup> Engaged members have had at least one conversation or Quantum Health had a conversation with a provider on their behalf.

<sup>2</sup> NPS source: NICE Satmetrix 2022 Consumer Net Promoter Benchmark Study, Health Insurance Industry

<sup>3</sup> Digital interactions for a provider can be completed by phone, provider portal or fax

<sup>4</sup> Digital engagements for a member can be completed via phone, SMC or chat.

# Modes of Successful Engagement Overview **Partnership Plan**



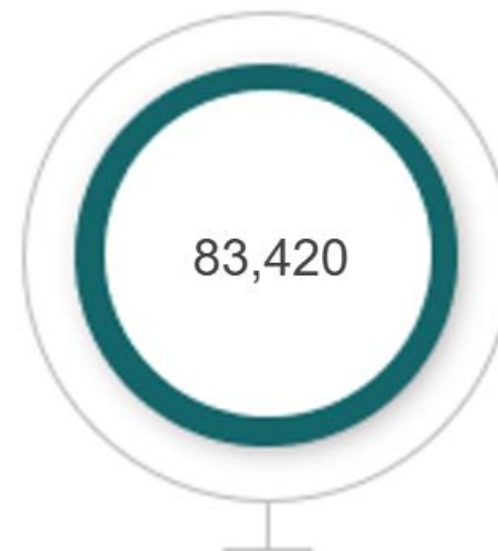
Secure Messages



Chats

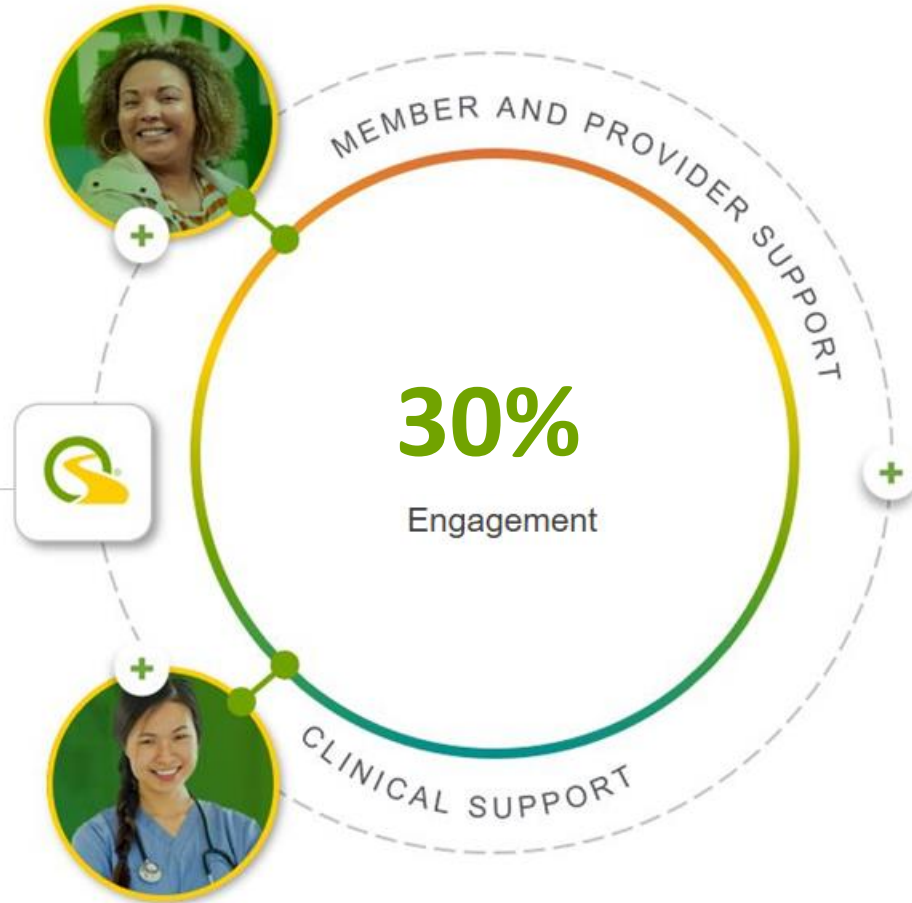


Phone Calls

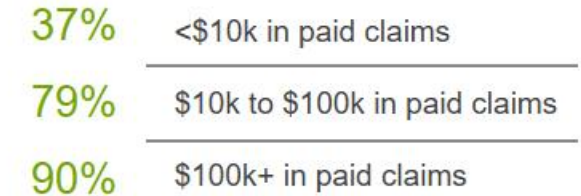


MyQHealth Logins

# Driving proactive, ongoing member engagement **Partnership Plan**



## Engagement



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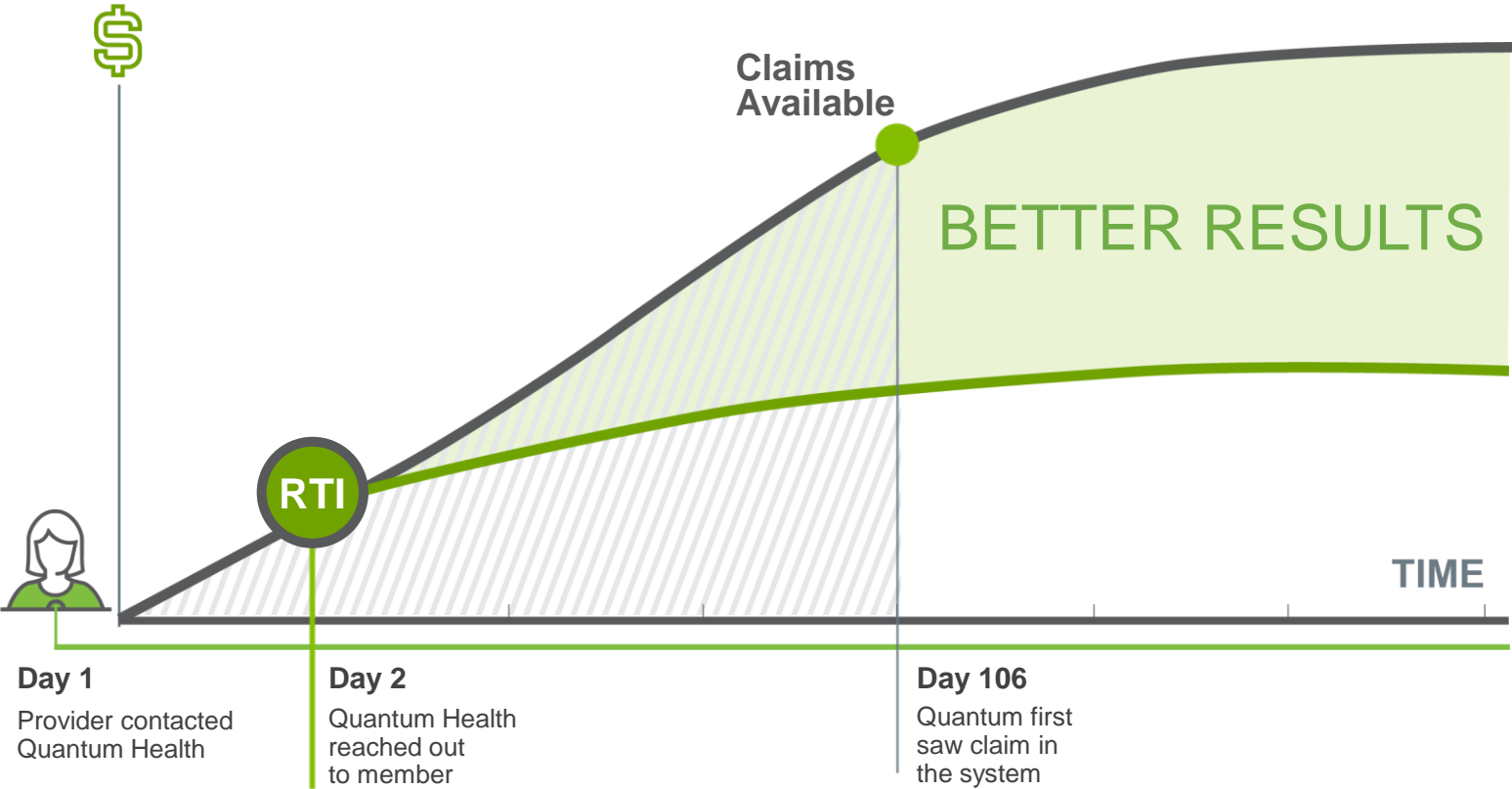
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# Only Quantum Health

Uniquely positioned to intervene early and provide the best member experience



### Proven results to:

Maximize point  
solution utilization



Improve outcomes



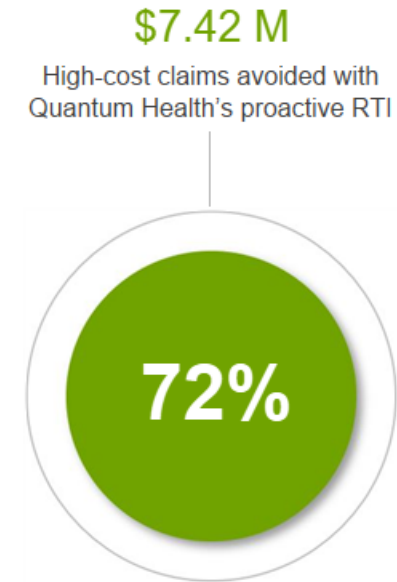
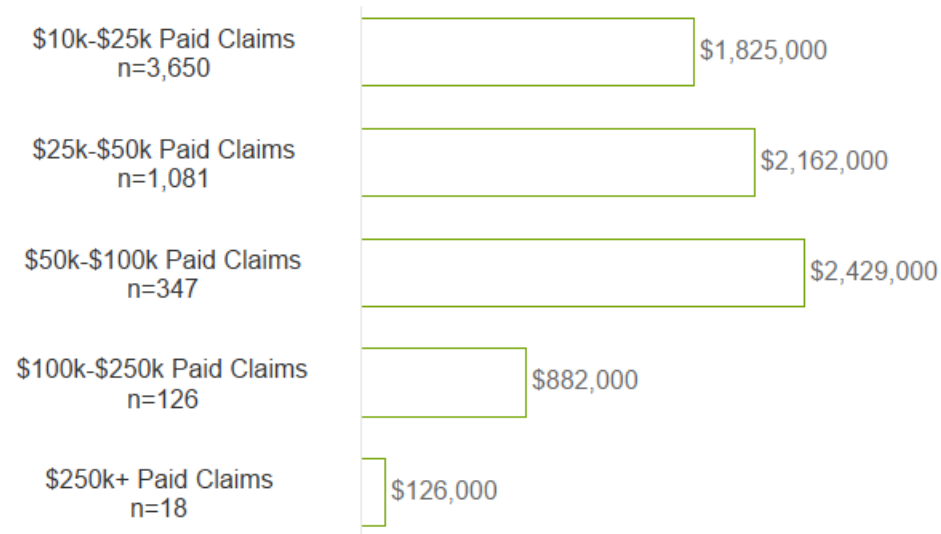
Drive savings



# Effectively managing costs with Real-Time Intercept®

Overall

## Avoided Healthcare Costs



Members engaged through RTI early in their health journey, an average of **39** days prior to a claims trigger

\* Members are grouped into cost cohorts based on their spending in a 12-month period: those spending \$10K-\$25K, those spending \$25K-\$50K, those spending \$50K-\$100K, those spending \$100K-\$250K, and those spending more than \$250K.

† Eligible Members are those with at least \$10K in claims in 12 months, who have had one month of \$1K claims.

‡ Avg Avoided Costs derived from a 3rd party study comparing costs of members who did and did not have a Real-Time Intercept™. The study was based on over 28,000 members from Jan 2016 through December 2017.

# Monthly All-Users



Email Topic	Sent*/Group	Open Rate	CTOR
<b>Diabetes Prevention Program (registration) – Quarterly- 127 registered</b>	State Jan 8, 23	19%	4%
	SPP -Jan 8, 23	48%	3%
	State personal –Jan 8, 23	49%	3%
<b>Focus Group (90 participants)</b>	State –Jan 9, 17, 30	20%	1%
	State personal –Jan 9, 17, 30	48%	0.5%
<b>Comptroller HEP 2024 Announcement</b>	State –Jan 22	35%	22%
	SPP -Jan 22	69%	12%
	State personal –Jan 22	65%	14%
<b>Upswing- webinar-Monthly Common Fractures and Recovery</b>	State –Jan 25	18%	0.5%
	SPP -Jan 25	45%	0.2%
	State personal –Jan 25	46%	0.2%
<b>Wellbeing seminars- Monthly</b>	State –Feb 1	21%	1%
	SPP -Feb 1	47%	1%
	State personal –Feb 1	49%	1%

**Open Rate** = Unique Opens / Deliveries; **Industry standard** = 23.7%; **CTOR** = Unique Clicks / Unique Opens; **Industry Standard** = 13.4%

Emails were also sent to agency/group benefit contacts, call centers, Judicial and Higher Ed, HCCCC representatives

\*\*Facebook posts created and boosted (ads) to align with all-user topics each month; additional marketing may include a slider featured on the QH benefits portal





- ❖ Provider contracting
- ❖ Pharmacy data to provider groups
- ❖ PCI Provider Town Hall
  - Quality metric review
  - Attribution



# Questions and Comments





**Adjourn**



# Appendix

# Primary Drivers of Savings Categories

## Source of Savings



### Navigation for Complex Care

- Early identification and clinical intervention with acute and chronic condition journeys
- Pre and post discharge care coordination
- Primary nurse support
- Daily concurrent review for efficient inpatient stays



### Navigation for All Members

- Promoting in-network providers, facilities
- Increasing primary care visits; appropriate use of specialty care
- Identifying, engaging and educating habitual OON utilizers
- Reducing barriers to care
- Treatment decision support, benefits guidance



### Navigation to Specialized Solutions

- Cost/quality provider selection
- Expert 2nd opinion and telemedicine referrals
- Providing maternity support

# NPS Summary

## Net Promoter Score



Current NPS

5.1% Response Rate  
12,778 Total Surveys Sent  
656 Surveys Submitted<sup>2</sup>



Health Insurance Industry  
NPS<sup>3</sup>



Top Health Insurance Brand  
NPS<sup>3</sup>

## State of Connecticut

Quantum Health sends out a member satisfaction survey (via email) each week to a randomly selected population of members who have had a phone conversation with a Care Coordinator<sup>1</sup> in the prior week. One of the four survey questions evaluates a member's willingness to recommend Quantum Health to a co-worker.

**NPS (Net Promoter Score) =  
% of Promoters - % of Detractors**

<sup>1</sup>Care Coordinator is defined as Patient Service Representatives (PSRs), Personal Care Guide (PCG) nurses, Utilization Management nurses, or any other QH member advocate

<sup>2</sup>If less than 100 surveys are returned the NPS is deemed not reliable

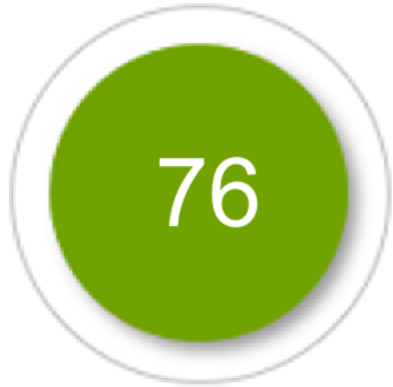
<sup>3</sup>Source: NICE Satmetrix 2022 Consumer Net Promoter Benchmark Study

<sup>4</sup>NPS Survey Question: "How likely are you to recommend to a co-worker to contact Care Coordinators by Quantum Health?"

<sup>5</sup>100% of client population will never be surveyed (Exclusions include: members who were sent a survey in the past 6 months, deceased members, members <18 years old, etc.)

# NPS Summary

## Net Promoter Score



Current NPS

5.0% Response Rate  
3,992 Total Surveys Sent  
200 Surveys Submitted<sup>2</sup>



Health Insurance Industry  
NPS<sup>3</sup>



Top Health Insurance Brand  
NPS<sup>3</sup>

## Partnership Plan

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