

CONNECTICUT
PARTNERSHIP PLAN



January 2023 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- Quantum Health
- Dental RFP
- Primary Care Initiative
- Providers of Distinction/Centers of Excellence
- Utilization Review
- Projected Rate Renewal – Jan. 2023
- Quality First Select Access Plan Option

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

Thank you.

Quantum Health

- After a competitive RFP (Request for Proposal) selection process, the state has selected Quantum Health to administer the HEP plan and health navigation
 - Concierge service dedicated to assisting members, which includes HEP, provider selection, decision support services, care coordination, pre-authorization, health coaching, etc.
 - Replacing CMSi and Health Navigator
 - More information to come in following months

Dental RFP

- Just released a dental RFP with a 7/1/23 effective date
 - Focus is on strong network and fair pricing
 - Decision made by April 2023

Primary Care Initiative

- Program that gives primary care providers additional financial resources to invest in improved care management, coordination, and access for members to improve the care experience, improve outcomes and reduce total health care costs.
- Improve care coordination and health outcomes for state and Partnership Plan members
 - Providing additional resources to advanced primary care groups to allow for additional investments in key functions as identified by the state's Primary Care Road Map
- Creating a Partnership/Goals
- Recent Mailings

PROVIDER OF DISTINCTION PROGRAM IMPACT

PROVIDERS OF DISTINCTION UTILIZATION SHIFT AND COST SAVINGS ANALYSIS

Procedure	POD Episodes		Non-POD Episodes		POD Cost Diff. (2022)	% Increase (POD Episodes)	% Increase (Non POD-Episodes)	Difference % Increase (POD vs All)	Potential Savings
	2019	2022	2019	2022					
Breast Biopsy	192	299	841	787	(\$6,718)	56%	-6%	62%	(\$446,751)
CABG &/or Valve Procedures	28	45	428	431	(\$17,773)	61%	1%	60%	(\$181,325)
Cataract Surgery	177	299	2878	2964	(\$4,100)	69%	3%	66%	(\$329,824)
Colonoscopy	5,337	10,008	10,506	10,708	(\$5,203)	88%	2%	86%	(\$20,803,154)
Coronary Angioplasty	138	110	729	588	(\$205)	-20%	-19%	-1%	(\$54)
C-Section	341	635	1097	1095	(\$9,297)	86%	0%	86%	(\$2,361,568)
Gall Bladder Surgery	46	61	1342	1410	(\$2,452)	33%	5%	28%	(\$10,130)
Hip Replacement & Hip Revision	356	437	1330	1386	\$2,438	23%	4%	19%	\$36,617
Hysterectomy	241	447	1460	1262	(\$9,606)	85%	-14%	99%	(\$1,959,816)
Knee Arthroscopy	411	784	3615	3269	(\$4,220)	91%	-10%	100%	(\$1,579,183)
Knee Replacement & Knee Revision	454	608	1782	2020	(\$1,290)	34%	13%	21%	(\$40,854)
Lumbar Laminectomy	254	253	958	828	(\$2,991)	0%	-14%	13%	\$394
Lumbar Spine Fusion	223	218	933	919	(\$6,010)	-2%	-2%	-1%	(\$223)
Mastectomy	60	114	1066	1074	(\$21,476)	90%	1%	89%	(\$1,035,030)
Tonsillectomy	109	124	845	662	(\$4,876)	14%	-22%	35%	(\$25,905)
Upper GI Endoscopy	2,361	4,021	5,268	4,606	(\$5,576)	70%	-13%	83%	(\$7,671,101)
Vaginal Delivery	605	1,092	1765	1,893	(\$5,551)	80%	7%	73%	(\$1,980,025)
Grand Total	11,333	19,555	36,843	35,902	(\$6,270)	73%	-3%	75%	(\$38,387,933)

PROVIDER OF DISTINCTION PROGRAM UPDATES

- Reviewing updates to Program (implementation date TBD)
- Review Covered Services
 - Drop services with limited savings potential
 - Add services with high savings potential
- Review Quality Requirements
 - Consistent with lookup tool quality measures
 - More complex measures for complex services
 - Reviewing metrics used by provider groups (colonoscopy/endoscopy)
- Review and update episode cost thresholds
- Integrate with Primary Care Strategy (e.g. personalize POD recommendations based upon preferred referral relationships of PCP practices engaged in Primary Care Initiative)

Actives & Non-Medicare Retirees

All Plans

Utilization Dashboard

Current Period: Jul 2021 – Jun 2022
Prior Period: Jul 2020 – Jun 2021

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$688.41	82%	▲ 8.4%
Inpatient Facility	\$133.66	16%	▼ 2.6%
Outpatient Facility	\$279.00	33%	▲ 14.5%
Professional Services	\$255.19	30%	▲ 9.5%
Ancillary	\$20.55	2%	▼ 3.4%
Pharmacy	\$152.94	18%	▲ 14.6%
Total Cost	\$841.35		▲ 9.5%

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,328	4,771	11.7%
Preventive Services	2,903	2,756	5.3%
Inpatient Admissions	67	66	2.4%
Average Cost Per Admission	\$23,789	\$25,012	-4.9%
Emergency Room (ER) Visits	194	156	24.6%
Average ER Visit Cost	\$2,804	\$2,772	1.2%
Urgent Care (UC) Visits	503	334	50.4%
Average UC Visit Cost	\$199	\$194	2.7%
Rx Scripts	11,149	10,166	9.7%
Average Cost per Script	\$165	\$158	4.5%

Utilization Dashboard

Current Period: Oct 2021 – Sep 2022
Prior Period: Oct 2020 – Sep 2021

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$691.85	82%	▲ 5.1%
Inpatient Facility	\$130.54	15%	▼ 9.3%
Outpatient Facility	\$284.05	34%	▲ 11.7%
Professional Services	\$256.69	30%	▲ 7.0%
Ancillary	\$20.58	2%	▲ 1.5%
Pharmacy	\$154.69	18%	▲ 11.0%
Total Cost	\$846.54		▲ 6.1%

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,281	4,954	6.6%
Preventive Services	2,929	2,735	7.1%
Inpatient Admissions	67	69	-3.7%
Average Cost Per Admission	\$23,555	\$25,027	-5.9%
Emergency Room (ER) Visits	197	170	16.0%
Average ER Visit Cost	\$2,846	\$2,755	3.3%
Urgent Care (UC) Visits	469	421	11.4%
Average UC Visit Cost	\$205	\$195	5.3%
Rx Scripts	11,325	10,371	9.2%
Average Cost per Script	\$164	\$161	1.6%

¹ Claims for the current period have been completed using a factor of 0.980

Projected Rate Renewal – For 7/1/2023

- Provided a range of 8 - 12% in November
- Updated projection is 8 - 10%
- Will be providing yet another update at the end of February
- Final rates will be provided by early April

Quality First Select Access Plan Option

- New plan option for 7/1/23: Quality First Select Access
 - To be offered at the group level, not employee level
 - Lower cost option that uses a select network of providers/specialists
 - Providers in this network commit to strict care experience and quality measures
 - Projecting 8% cost savings
- Best for members who are based in CT and do not utilize the Hartford Healthcare Network

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PARTNERSHIP PLAN



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
 - Claims Summary, Drivers of Trend and Cost & Membership Summary
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants (Partnership Only)

Actives & Non-Medicare Retirees

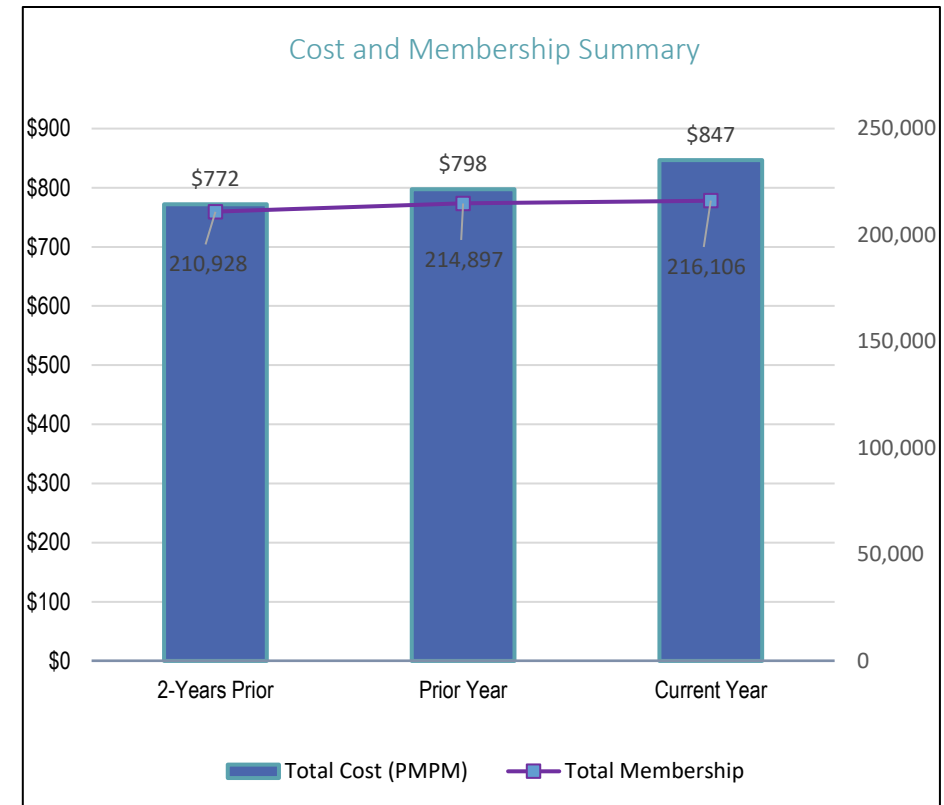
All Plans

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Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Outpatient – Surgery	\$93.19	\$82.89	▲ \$10.30
Outpatient – ER	\$46.80	\$39.06	▲ \$7.74
Pharmacy – Brand	\$83.09	\$75.63	▲ \$7.46
Inpatient - Medical	\$34.95	\$42.21	▼ -\$7.26
Pharmacy – Specialty	\$44.38	\$37.26	▲ \$7.12



Observations

- PMPM medical costs have increased 5.1 Year-over-Year (YoY) and accounted for 82% of total spend
- PMPM Rx costs have increased 18.0% YoY and accounted for 18% of total spend
- The second table above illustrates the top 5 drivers of trend. Outpatient – Surgery is the top driver, though some share of this is likely a shift away from Inpatient Surgery (which has 2 years of negative utilization trend).

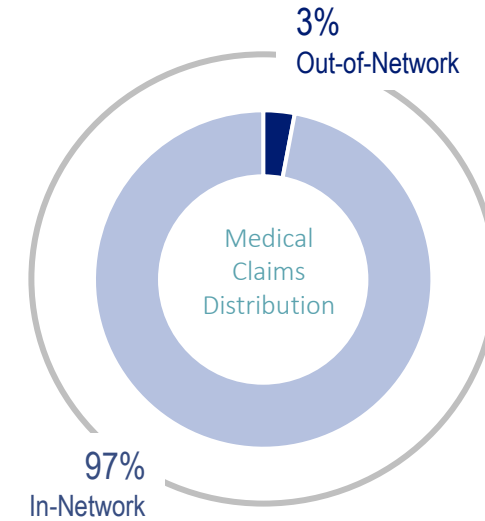
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Actives & Non-Medicare Retirees

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Observations

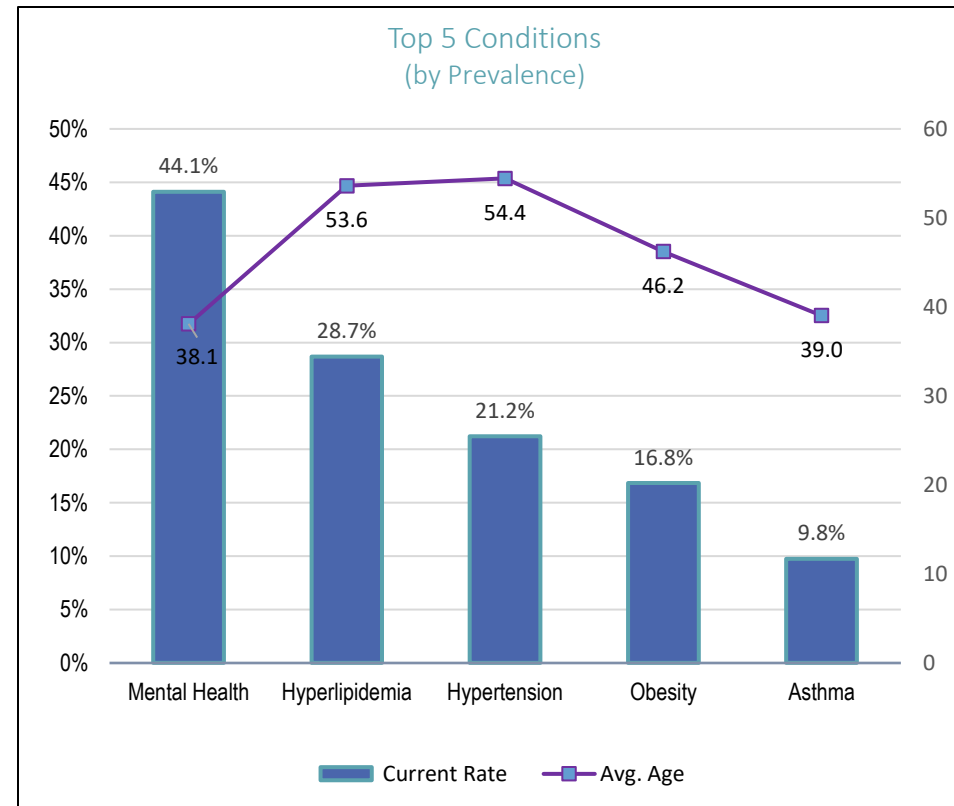
- Office visits per 1,000 increased 6.6% YoY, largely due to a net increase in utilization from expanded telehealth access.
- Inpatient admissions per 1,000 decreased 3.7% YoY, and average cost per admission also decreased 5.9%.
- ER visits per 1,000 increased 16.0% YoY (though the annualized trend from CY2019 is only 4.0%), the average cost per visit increased 3.3%.
- Urgent care visits per 1,000 increased 11.4% YoY and have generally been at a high level throughout the pandemic.
- Rx scripts per 1,000 increased 9.2% YoY and unit cost trend was 1.6%.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence

Chronic Condition	Current Rate	Prior Rate
Asthma	9.8%	9.7%
Breast Cancer	1.1%	1.1%
Cervical Cancer	0.0%	0.0%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Colorectal Cancer	0.2%	0.2%
Congestive Heart Failure (CHF)	0.4%	0.4%
Coronary Artery Disease (CAD)	2.9%	2.8%
Diabetes	7.4%	6.6%
Hyperlipidemia	28.7%	27.5%
Hypertension	21.2%	21.0%
Obesity	16.8%	15.5%
Prostate Cancer	0.5%	0.5%
Mental Health	44.1%	41.3%
Substance Abuse	6.8%	6.3%
Ischemic Vascular Disease	4.5%	4.2%



Observations

- Small increases in Hyperlipidemia, Hypertension, Obesity, and Diabetes
- The percentage of members diagnosed with mental health concerns increased another 2.9 percentage points (pp), after a large increase the year before; this has been a common theme of the pandemic years due to expanded access via telehealth and obvious stressors.

Actives & Non-Medicare Retirees

All Plans

Care Gaps and 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	15,732	84%	▼ 0.4	82%	52%	48%	81%	87%
	Screening for diabetic nephropathy	15,732	71%	▼ 0.3	65%	52%	48%	70%	72%
	Screening for diabetic retinopathy	15,732	57%	▲ 3.2	28%	52%	48%	58%	57%
Hyperlipidemia	Total cholesterol testing	61,285	80%	▲ 2.1	73%	48%	52%	80%	79%
COPD	Spirometry testing	1,335	36%	▲ 1.8	30%	53%	47%	38%	34%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,176	41%	▼ 1.2	41%	34%	66%	32%	46%
	Patients currently taking a statin	6,176	79%	▲ 0.8	64%	34%	66%	66%	86%
Preventive Screening	Breast cancer	54,903	66%	▲ 2.7	43%	100%		66%	
	Cervical cancer	88,524	53%	▲ 1.9	32%	100%		53%	
	Colorectal cancer	72,160	53%	▲ 5.0	36%	54%	46%	56%	49%
	Prostate cancer	33,209	68%	▲ 6.3	44%		100%		68%
	Adult Access to Preventive / ASC Services (20+)	160,749	85%	▲ 0.6	70%	54%	46%	89%	81%

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.
- Most preventive screening continue to reflect significant YoY change in compliance, while the rest have mostly stabilized to pre-pandemic levels.
- The State's compliance rates are favorable in all categories when compared to the SHAPE BoB.
- The Plan should frequently communicate the value and importance of preventive screenings.

¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2019. Compliance statistics have not been adjusted for risk or severity

Actives & Non-Medicare Retirees

Partnership Only

High-Cost Claimants (Medical + Rx \$20k+)

Category (sorted by Members)	Current Period			Prior Period			%Change	
	Claimants (% Terminated ¹)	% of Total ²	PCPY	Claimants (% Terminated ¹)	% of Total ²	PCPY	Claimants	PCPY
Episodic w/ Underlying Health Conditions	3,319 (13%)	50.9%	\$53,550	2,996 (6%)	52.6%	\$54,025	10.8%	-0.9%
Chronic	1,383 (14%)	21.2%	\$70,958	1,140 (6%)	20.0%	\$68,657	21.3%	3.4%
Episodic w/o Underlying Health Conditions	856 (15%)	13.1%	\$43,785	654 (9%)	11.5%	\$40,951	30.9%	6.9%
Mental Health (MH)	387 (14%)	5.9%	\$57,848	344 (5%)	6.0%	\$57,467	12.5%	0.7%
Screenable Cancer	247 (13%)	3.8%	\$129,803	226 (9%)	4.0%	\$111,473	9.3%	16.4%
Non-Screenable Cancer	207 (19%)	3.2%	\$189,678	214 (14%)	3.8%	\$177,397	-3.3%	6.9%
Substance Use Disorder (SUD)	92 (25%)	1.4%	\$54,455	95 (12%)	1.7%	\$58,397	-3.2%	-6.7%
Total High-Cost Members	6,527 (14%)	8.4%	\$63,383	5,697 (%)	7.6%	\$62,719	14.6%	1.1%

Observations

- 6,527 claimants exceeded the \$20k in combined medical and Rx spend during the current period. This reflects a 14.6% increase when compared to last year.
- Episodic with underlying condition was the top category with about 51% of high-cost claimants falling into this category. Chronic was the second highest category.
- Except for non-screenable cancer and SUD, all other categories saw high increase YoY.

¹ Terminated members as of September 2022.

² % of Total reflects the ratio of claimants in each category to the total high-cost claimants, with the expectations of the total row where it reflects the ratio of total high-cost claimants to the total population.