

**CONNECTICUT**  
**PARTNERSHIP PLAN**



# January 2024 Partnership Plan Update

Office of the State Comptroller

[osc.ct.gov/ctpartner](https://osc.ct.gov/ctpartner)

# Agenda

- What's New
- Financial Overview
- 2024 Projected Rate Renewal

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

**Thank you.**

A dark blue background image featuring a bridge at night. The bridge's structure is illuminated with warm lights, and these lights are reflected in the water below. The overall scene is dimly lit, with a deep blue color palette.

What's New?

# What's New: Cigna Dental

- Network Updates

- In 2023, Cigna enhanced their networks based on the Performance Guarantees (PG) in our contract

- Provider Adds Since 7-1-2023:

- Basic (PG Goal 260 Access Points) = 530 Access Points/325 unique providers **PG Met!**

- Enhanced (PG Goal 80 Access Points) = 504 Access Points/272 unique providers **PG Met!**

- Completed 100% of non-contracted Dental Provider Outreaches. **PG Met!**

- Another change under the current contract: If a dentist leaves the network in the middle of the plan year, the member's cost share will remain at the in-network level until the start of the next plan year

- Specifically applies to the Enhanced & DHMO plans

# What's New: Vision Rider Network

- EyeMed

- For groups with the SPP vision rider, Cigna vision is moving their network from VSP to EyeMed, as of 7/1/24
- Currently Enrolled (and new members) will receive new Cigna cards prior to 7/1/24
- We are working on a member facing flyer, which we will send to all group contacts currently enrolled in the Cigna Vision Network
- While the network will be expanding, the benefits will not be changing
  - Current In-network disruption match with VSP is 77%, it will be increasing to 79% with EyeMed
  - Group disruption % results are available by request
  - Some of the larger providers include added locations with LensCrafters, Walmart, & Sams Club

# What's New: FLYTE

- Flyte Program

- A clinical obesity program that provides access to virtual care from a dedicated care team, that includes an obesity trained specialist
  - Eligibility requirements:
    - 18+ years old
    - BMI of 30 or higher
    - BMI of 27 with one weight–related condition (i.e., diabetes, heart disease, sleep apnea, etc.)
- We continue to see strong interest in this program. For additional information, please visit <https://www.joinflyte.com/care-compass/>

# What's New: Additional Programs

- Virta Health (formerly Livongo)
  - Diabetes management and reversal program
  - Over 800 enrollments
- Diabetes Prevention Program (DPP)
  - A program, specifically for those at risk of diabetes, that helps improve lifestyle behaviors to reduce the chance of diabetes
- Upswing Health
  - Virtual orthopedic services
  - Monthly webinars averaging 150 attendees
  - Back injury prevention program starting in Jan 2024

# What's New: HEP Changes

- 2024:
  - HEP medical requirements and chronic condition education will no longer apply to dependent children
    - We will continue to review the dental requirement for dependents over the age of 6
  - Vision requirement is removed for all members
- 2025:
  - Annual physical requirement ages 18-39: Increasing to once every two years
  - Breast cancer screening ages 40+: Increasing to once every two years



# What's New: Regional Rate Adjustments

- In 7/1/25, we will be factoring in the regional rate adjustment over 2 renewal cycles
  - The factors will be reevaluated based on the counties
  - Increases or decreases will be implemented within the 7/1/25 and 7/1/26 renewals
  - We looked at preliminary numbers for this year and the highest regional increase would have been 2% (1% each year)

# What's New: Member Presentations

- Starting this year, we would like to offer member facing presentations to currently enrolled groups:
  - These presentations would last approximately 10 minutes and highlight some important aspects/changes to the partnership plan. As always, we would also have Q&A session at the end
  - If you have an upcoming all employee meeting and would like us to join, please coordinate with Alex or Bernie
  - These meetings can be held virtually or in person

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

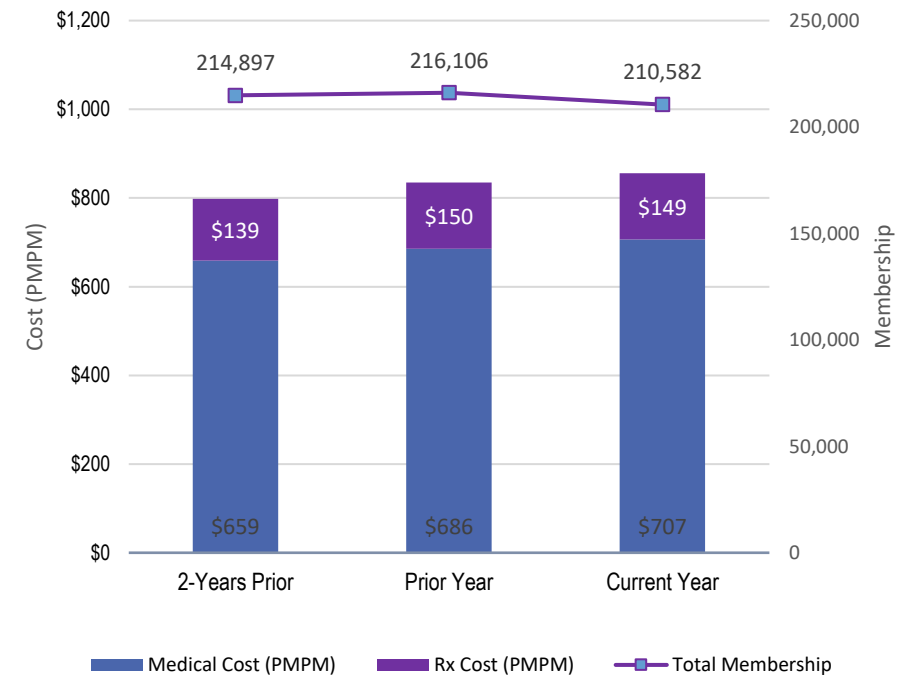
### Claims Summary<sup>1</sup>

	Total Cost (PMPM)	% of Total Cost	Current Trend
<b>Medical</b>	<b>\$706.59</b>	<b>83%</b>	<b>▲ 3.1%</b>
Inpatient Facility	\$133.79	16%	▼ 0.5%
Outpatient Facility	\$282.60	33%	▲ 4.7%
Professional Services	\$268.75	31%	▲ 3.3%
Ancillary	\$21.45	3%	▲ 2.3%
<b>Pharmacy<sup>2</sup></b>	<b>\$149.10</b>	<b>17%</b>	<b>▼ 0.3%</b>
<b>Total Cost</b>	<b>\$855.69</b>		<b>▲ 2.5%</b>

### Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Outpatient - Surgery	\$88.64	\$80.04	▲ \$8.60
Inpatient - Surgery	\$57.13	\$63.45	▼ \$6.32
Outpatient - Lab/Pathology	\$9.25	\$14.24	▼ \$4.99
Professional - Lab/Pathology	\$17.03	\$21.18	▼ \$4.15
Inpatient - Medical	\$38.11	\$35.10	▲ \$3.01

### Cost and Membership Summary



### Observations

- PMPM medical costs have increased 3.1% Year-over-Year (“YoY”) and accounted for 83% of total spend.
- PMPM Rx costs have remained relatively unchanged 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 \$8.6 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.



# 2024 Projected Rate Renewal

# 2024 Projected Rate Increase

- Current projected 7/1/24 rate renewal for medical/Rx
  - **3 - 5% increase**
- We plan to finalize rates in early **March 2024**

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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](https://osc.ct.gov/ctpartner)

# Appendix

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

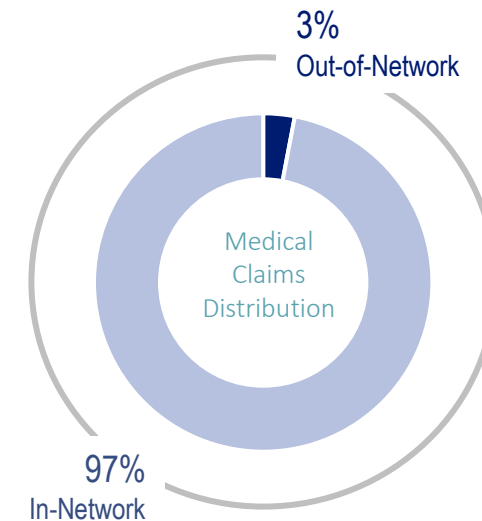


# Actives & Non-Medicare Retirees

## All Plans

### Key Utilization Metrics

Category ( Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	4,856	5,034	-3.5%
Preventive Services	4,583	4,707	-2.6%
Inpatient Admissions	69	66	4.6%
Average Cost Per Admission	\$23,337	\$24,539	-4.9%
Emergency Room (ER) Visits	205	194	6.1%
Average ER Visit Cost	\$2,831	\$2,849	-0.6%
Urgent Care (UC) Visits	393	459	-14.5%
Average UC Visit Cost	\$224	\$206	8.8%
Rx Scripts	11,590	11,326	2.3%
Average Cost <sup>1</sup> per Script	\$154	\$158	-2.6%



### Observations

- Office visits per 1,000 decreased 3.5% YoY, while preventive services decreased 2.6% YoY.
- Inpatient admissions per 1,000 increased 4.6% YoY, and average cost per admission decreased 4.9% YoY.
- ER visits per 1,000 increased 6.1% YoY, the average cost per visit remained relatively stable YoY.
- Urgent care visits per 1,000 decreased 14.5% YoY, while the average cost per visit increased 8.8% YoY.
- Rx scripts per 1,000 increased 2.3% YoY, and unit cost trend decreased 2.6% YoY.

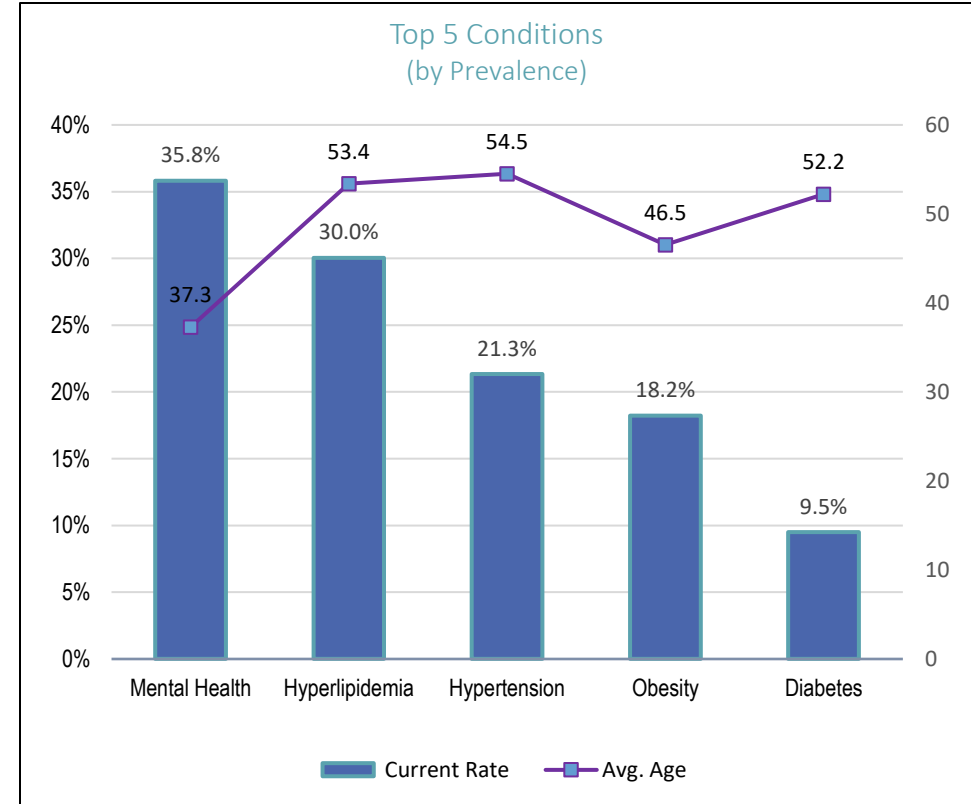
<sup>1</sup> Pharmacy costs reflect PrudentRx savings and other direct manufacturer savings.

# Actives & Non-Medicare Retirees

## All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	35.8%	35.0%
Hyperlipidemia	30.0%	28.8%
Hypertension	21.3%	20.8%
Obesity	18.2%	16.9%
Diabetes	9.5%	7.8%
Asthma	7.3%	6.8%
Substance Abuse	4.1%	4.2%
Coronary Artery Disease (CAD)	3.0%	2.8%
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)	0.4%	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 35.8% 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	19,744	81%	▼ 2.6	81%	56%	44%	77%	85%
	Screening for diabetic nephropathy	19,744	65%	▼ 4.2	62%	56%	44%	64%	67%
	Screening for diabetic retinopathy	19,744	53%	▼ 3.4	24%	56%	44%	53%	54%
Hypertension	On anti-hypertensives and serum potassium	27,638	65%	▲ 2.1	62%	41%	59%	65%	65%
Hyperlipidemia	Total cholesterol testing	62,446	78%	▼ 0.5	73%	48%	52%	79%	78%
COPD	Spirometry testing	1,277	36%	▲ 2.5	26%	54%	46%	37%	36%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,138	41%	▼ 1.0	41%	33%	67%	33%	44%
	Patients currently taking a statin	6,138	81%	▲ 1.1	69%	33%	67%	71%	86%
Preventive Screening	Breast cancer	53,434	66%	▲ 0.4	43%	100%		66%	
	Cervical cancer	86,562	51%	▼ 0.7	30%	100%		51%	
	Colorectal cancer	69,543	56%	▲ 2.6	35%	54%	46%	59%	52%
	Prostate cancer	31,916	69%	▲ 1.2	45%		100%		69%

#### 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.

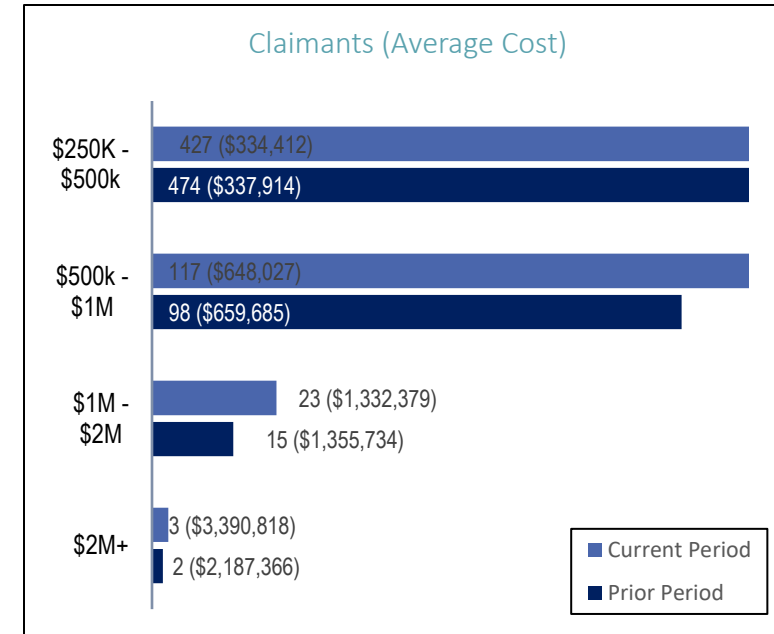
<sup>1</sup> SHAPE Book-of-Business reflects compliance rates for calendar year 2021. Compliance statistics have not been adjusted for risk or severity

# 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 <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).