

HEALTHCARE COST  
CONTAINMENT COMMITTEE



165 Capitol Ave  
HARTFORD, CONNECTICUT  
06106-1775  
Telephone (860) 702-3480  
Facsimile (860) 702-3556

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

**HEALTHCARE COST CONTAINMENT COMMITTEE MEETING MINUTES**  
**December 12, 2022**

Meeting Called to Order by Josh Wojcik:

**Attendance:**

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

**Public Comment:**

No public comment

**Financials:**

The Active Appropriation account is showing a slightly better than anticipated balance since the prior month, with an updated anticipated surplus of \$38.6 million. This is due in large part to the slower than anticipated refill of active positions. Active medical and prescription claims came in slightly better than anticipated over the past month and the accounts are now trending at closing the year with positive values.

The Retiree Appropriation is still reflecting an anticipated surplus over, \$100-million. The Office of the State Comptroller has been advised that the appropriation budget will be reduced for the current fiscal year by \$45-million as a result of the legislative special session. This update will be included on the report for the next meeting of the Healthcare Cost Containment Committee. The Retiree Health OPEB-FAD accounts continue to reflect a significant anticipated year-end surplus. Medical claims have improved some since our last report and prescription claims continue to come in as anticipated.

Q: projections on retiree side, does it take into account the changes in reimbursement rules for people retiring starting August 1<sup>st</sup>?

A: It does, but the anticipated savings from that rule (because there were so few from the retirees) are around \$2,000 dollars. To date there are around three members for whom there has been an adjustment.

Q: To clarify, next month the retiree health projected balance will be at least \$45M left due to the special session taking \$45M out of retiree health

A: Yes

### **Medicare Advantage Update**

Medicare Advantage with Aetna is live. All of the retiree applications have been submitted to Medicare and are rapidly being approved. Hadn't anticipated cards getting mailed this week but responses came back quickly and members have already started receiving them. Applications submitted to date are at a 99.5% approval rate. There were five individuals who were enrolled in both Partnership and state plans so when these applications were submitted, needed to work with the municipalities to determine which plan they should be in. Welcome kits were mailed to members. Are hearing some noise – anyone who retired after 2017 has a \$250 emergency room copay, but Medicare has limits as to what is allowable for ER copay. For January 1, 2023, Medicare has increased the max in copay to \$125 and members have been made aware that CMS could raise this. They are reminded of the ER copay waiver. Overall things going well with transition.

### **Partnership:**

As of December 1, have 158 groups enrolled and totaling just over 25,000 employees and over 58,000 members. As of this month we've had 124 groups who have completed their three-year contracts commitments under Partnership and had the option of leaving without an early termination penalty. Nine groups have decided to leave before December 1<sup>st</sup> and one group left as of December 1<sup>st</sup>. Two virtual Partnership utilization and program overview meetings were held in November, with current group contacts attending. These meetings were well received.

### **Partnership 1.0**

Five groups remaining totaling 2,400 employees and just under 3,400 members

### **Communications Update:**

Email communications have gone to members – POD/COE was set to go out as a campaign. POD was explained in the communication along with messaging on how to get questions answered. This was followed-up with a colonoscopy communication which coincided with HEP year end timeframe. The next communication was around prenatal care. Another communication to be shared with members is around comprehensive spine, related to back and neck pain.

Provider of distinction incentive checks were also mailed, and counts captured here. OSC worked with call centers to prepare them for callers who may have questions regarding incentive checks. HEP virtual Q&A held to assist those with questions as we go into the end of the HEP year, which had 161 attended which is historically low. This could mean members received answers to their questions in the information that was communicated prior to the virtual Q&A. Chronic care education piece around diabetes drove a lot of member questions and feedback, was well received overall. HEP monthly seminars continue with general well-being and HEP chronic condition topics.

On the stats, open rates are a little low for active employees. We are working on updating email distribution lists using multiple resources. Click through rates are good overall and those receiving information pertaining to their needs, seem to be acting on it.

Last slide shows a timeline of upcoming communications. Focus on upcoming changes and taking in focus group and survey information as well as discussions with agency benefit contacts. A report will be available in mid-January from last week's live new hire focus group event.

**Josh Wojcik** – invited any additional questions or comments from committee members and the public. There were no additional questions or comments.

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

Meeting was adjourned