
COST Presentation 1/26/21
CONNECTICUT
PARTNERSHIP PLAN
2.0
ADMINISTRATION

What is Partnership 2.0?

- Legislation (SB 913) that gives the Comptroller the authority to offer the State of Connecticut employee health plan to Municipalities and Boards of Education in the State of CT.
  - ❖ Fixed monthly rates that renew July 1st each year in conjunction with the State's health benefit renewal date.
    - For groups that elect to join the plan after July 1st, monthly rates have been developed for each quarter to accommodate the off-cycle effective date. All groups will renew July 1st immediately following their effective date in the Partnership 2.0 Plan.
- http://www.osc.ct.gov/ctpartner

CONNECTICUT PARTNERSHIP PLAN 2.0

Rate Calculation

- Monthly premium equivalent rates are based on the State/Partnership overall claims experience.
  - The state Medical/Rx plan is self-insured on the back end.
  - Premium equivalents for partnership are pooled and include claims & fees for the state and current partnership membership.
    - In 2020 we introduced regional rates based on the 8 counties in the state.
  - Premium equivalent rates are calculated for our plan year which starts on July 1st .
  - There are separate sets of rates for active employees, pre-65 retirees, & post-65 retirees that are not eligible for Medicare.
    - We also offer a Medicare Advantage plan for those members enrolled in Parts A&B or B only. This is a fully insured product with United Healthcare.
- To date, we have 139 groups enrolled in the plan totaling approximately 24,500 employees or over 58,500 members.
- Historically rate increases for our Medical/Rx Plan have been in the mid single digits.

Benefit Plan Offering

- Medical
  - State of Connecticut Point of Service (POS) Plan administered by Anthem Blue Cross/Blue Shield
  - Members have access to Anthem's State BlueCare POS network in Connecticut and the BlueCard program for seamless national coverage
- Pharmacy
  - 4 Tier co-pay structure for maintenance and acute drugs
  - Pharmacy plan administered by CVS/Caremark
- Dental
  - Offer 4 standard DPPO plans as well as a DHMO*
- Vision (optional)
  - Fully-insured vision hardware rider offered by Cigna Healthcare

*For groups that need a customized dental plan, there are benefits that can be modified

How to Apply

- Application can be completed online at: http://www.osc.ct.gov/ctpartner

- Applications are reviewed in two ways:
  - ❖ Full Group – entire town or board of education
    - Completed application is required; group is automatically accepted
  - ❖ Partial Group – any part of the entire town or board of education
    - Application (along with census & plan data) will be reviewed by the Health Care Cost Containment Committee (HCCCC) and a determination of acceptance into the program will be made by the HCCCC.

All groups joining the plan cannot offer their employees any another Medical/Rx plan other than Partnership.

3 Year Commitment

- Groups are required to participate in the plan for three years.
- Groups seeking to leave prior to the end of year three must submit a request in writing to the HCCCC.
- If an early exiting group's claims have exceeded the premiums paid since entering the plan, the following penalty will be assessed:
  - ❖ Exit after 1 Year: Lesser of the excess of the group's total costs over the rates they were charged since joining the plan or 5% of the total premium paid by the group in the most recent plan year.
  - ❖ Exit after 2 Years: Lesser of the excess of the group's total costs over the rates they were charged since joining the plan or 3% of the total premium paid by the group in the most recent plan year.
  - ❖ *Exit after 3 Years or Later: No Assessment.*

What's new?

- State rolled out Care Compass - new centralized hub dedicated to the state health plan, providing access to all health benefits materials and contact information
  - ❖ Networks of Distinction - Members may be eligible for a cash reward

- Moved medical carries from Oxford to Anthem on 10/1/20
  - ❖ Go out to RFP every 3 – 5 years
  - ❖ Sydney Health – uses AI to deliver a health care experience with a personal touch
  - ❖ LiveHealth Online - offers quick, easy access to doctors via computer, smartphone and tablet
  - ❖ Special Offers – anthem.com offers discounts on glasses, weight-loss programs, gym memberships, vitamins & much more

What is HEP?

- The Health Enhancement Program (HEP) is a wellness program attached to the state employee health plan.
- HEP targets preventive care and chronic disease management.
- Preventive Care
  - ❖ The program requires members enrolled in the state health plan to get age appropriate wellness exams and preventive screenings.
- Chronic Condition Management
  - ❖ Targets the following chronic conditions: diabetes, asthma or COPD, heart disease/heart failure, hyperlipidemia, and hypertension.
  - ❖ $0 co-pay for office visits related to the targeted conditions.
  - ❖ Lower co-pays for maintenance drugs used to treat the targeted conditions (3-tier $0, $5, $12.50).

HEP Requirements

PREVENTIVE SCREENINGS	Age						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49**	As recommended by physician
Cervical Cancer Screening	N/A	N/A	Pap smear every 3 years (21+)	Pap smear every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years

Health Enhancement Program (HEP)

- Upon a groups enrollment into the Partnership Plan, all members will automatically be enrolled in the Health Enhancement Program (HEP).
- The HEP program is managed by Care Management Solutions, Inc. (an affiliate of ConnectiCare).
- Members have one full calendar year to become acclimated with the program and to meet the HEP requirements.
  - Groups that start in any month besides January, get the remainder of that year plus the following year.
- HEP Compliance is based on calendar year.
  - All family members enrolled in the plan must meet their age specific requirements in order for the employee to be considered HEP complaint.

HEP Compliance (cont.)

- Employees that do not meet their HEP requirements will be considered “non-compliant” in the HEP Program. The following penalty is implemented:
  - Additional $100 per month billed premium that becomes part of the employee share contribution.
  - $350 individual deductible (up to $1,400 per family) attached to the in – network medical plan. This deductible applies to non-copay related services.
  - Once a member completes the missing requirement(s), they are eligible to get back to a HEP compliant status by filling out and submitting to Care Management Solutions an application for reinstatement into the HEP program. Members will be reinstated the first of the following month.

Contact

Thank you!

We will go over questions at the end of everyone's presentation.

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www.osc.ct.gov/ctpartnership

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