



# Healthcare Update

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January 13, 2025

# Agenda



- Public Comment
- Financials (Rae-Ellen)
- Partnership (Bernie)
- High-level utilization (Josh)
- Communications (Betsy)
- Upswing Analysis (Segal)
- SNF PA process update (Rae-Ellen)



# Public Comment

# Financials



<b>FY 2024-2025 Anticipated Year End Health Account Balances</b>	
Budget Review 12.15.24	
<b>Active Employee Healthcare Appropriation</b>	
<b>Projected Appropriation Balance:</b>	<b>\$ 33,021,109.51</b>
<b>Active Employee Healthcare FAD Accounts</b>	
Projected Active Health FAD	\$ 98,051,516.41
Projected Active Rx FAD	\$ 3,970,500.18
<b>Combined FAD Balances:</b>	<b>\$ 102,022,016.59</b>
<b>Retired Employee Healthcare Appropriation</b>	
<b>Projected Appropriation Balance:</b>	<b>\$ -33,984,555.94</b>
<b>Retired Employee Healthcare OPEB FAD Accounts</b>	
Projected Retiree Health	\$ 182,650,031.63
Projected Retiree Rx	\$ 46,905,814.98
<b>Combined FAD Balances:</b>	<b>\$ 229,555,846.61</b>

# Partnership



## Partnership 2.0

As of 1/1/25 we have 167 groups enrolled totaling over 25,000 employees and just over 60,000 members.

Next week we will hold our quarterly partnership update meetings with an adjusted rate renewal projection. They are scheduled for Tuesday 1/21 at 2 pm and Friday 1/24 at 9 am.

We will also be releasing a new website for partnership that will be member facing on carecompass.com. The current website will still be used for HR/new group interest. This will happen the same week as the quarterly update meetings.

## Partnership 1.0

As of 1/1/25 we still have 5 groups remaining totaling approximately 2,500 employees and 3,500 members.



# Actives & Non-Medicare Retirees All Plans

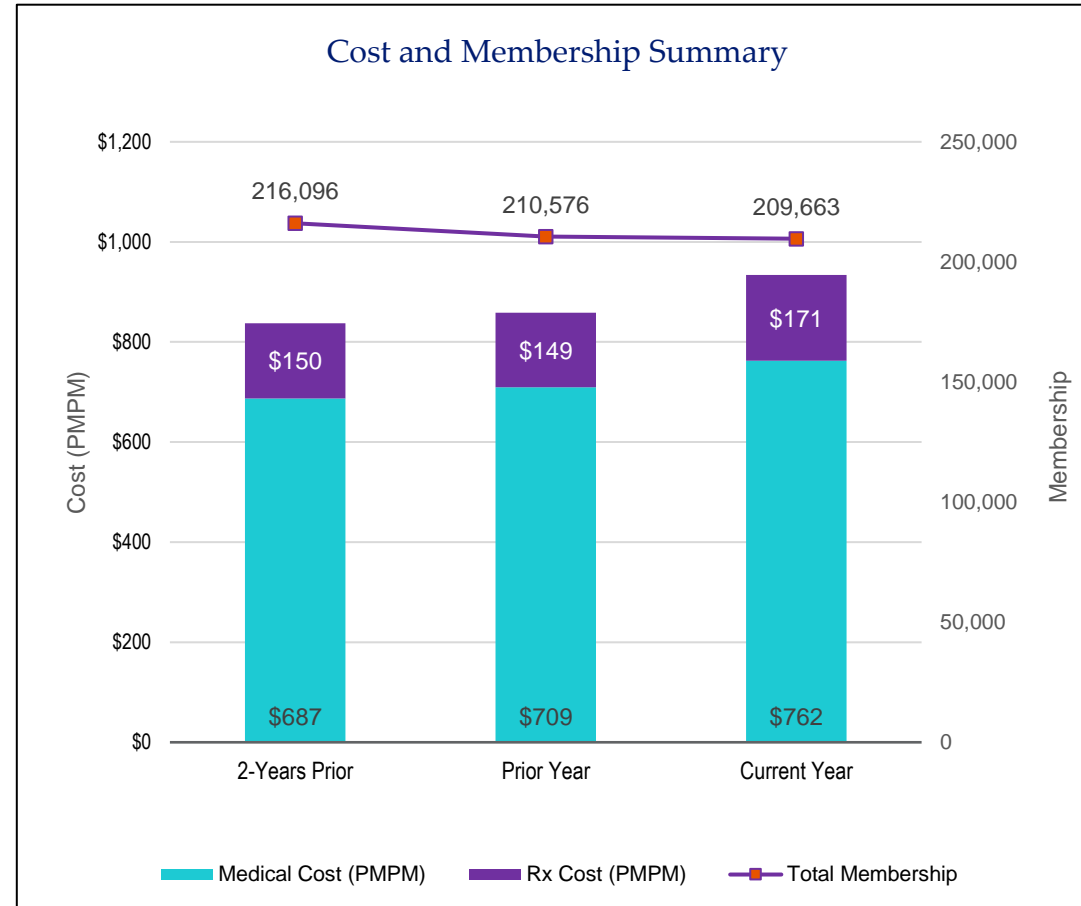
### Claims Summary<sup>1</sup>

	Total Cost (PMPM)	% of Total Cost	Current Trend
<b>Medical</b>	<b>\$762.39</b>	<b>82%</b>	<b>▲ 7.5%</b>
Inpatient Facility	\$158.03	17%	▲ 13.9%
Outpatient Facility	\$297.28	32%	▲ 6.1%
Professional Services	\$284.89	31%	▲ 5.9%
Ancillary	\$22.19	2%	▲ 3.1%
<b>Pharmacy<sup>2</sup></b>	<b>\$171.31</b>	<b>18%</b>	<b>▲ 14.8%</b>
<b>Total Cost</b>	<b>\$933.71</b>		<b>▲ 8.7%</b>

### Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Prescription Drugs - Brand	\$92.08	\$82.10	▲ \$9.98
Pharmacy - Specialty	\$49.82	\$39.93	▲ \$9.89
Inpatient - Medical	\$47.38	\$38.95	▲ \$8.42
Outpatient - Surgery	\$93.57	\$87.79	▲ \$5.77
Inpatient - Surgery	\$66.47	\$60.73	▲ \$5.75

### Cost and Membership Summary



### Observations

- PMPM medical costs have increased 7.5% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 14.8% YoY and accounted for 18% of total spend.
- The second table above illustrates the top 5 drivers of trend. Prescription Drugs - Brand was the top driver of spend on a PMPM basis, increasing \$9.98 PMPM over last year.

<sup>1</sup> Reflects paid claims through November 2024. Claims for the current period have been completed using a factor of 0.95

<sup>2</sup> Pharmacy costs reflect PrudentRx savings through August 2024.

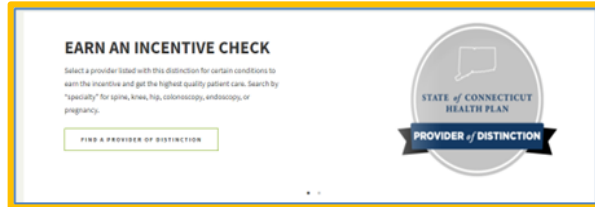
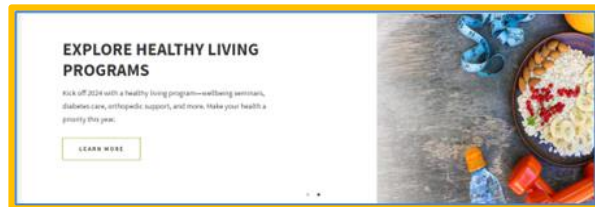
# Communications



Email Topic	Sent*/Group	Open Rate	CTOR
<b>Wellbeing/Chronic Condition (HEP)</b>	State – Dec 3	19%	8%
	State personal – Dec 3	43%	2%
	SPP – Dec 3	45%	4%
<b>Dealing with Stress &amp; Emotional Health 2024</b>	State – Dec 19	18%	6%
	State personal – Dec 19	48%	1%
	SPP – Dec 19	54%	2%



## Benefits Portal Sliders (Dec-Jan)



Benefit Spotlight Series	Webinar Date	Event Registration	Attendance (unique)	30-35 days post live event	On-Demand (as of 1/9)
Quantum Benefits & HEP Portal	9/26/24	656	317 (48%)	334	490
Cigna Dental-Provider lookup & OHIP	10/17/24	752	293 (39%)	371	537
DPP/Diabetes	11/21/24	444	176 (40%)	109	269



**State of Connecticut**

# **Upswing Program Evaluation**

**November 2024**



# Upswing Program Evaluation

## Scope of Analysis & Methodology

- A review of the Upswing Health Orthopedic Telehealth program (Upswing) offered to members of the State of Connecticut Health Plan (SoCT) was performed to determine the effectiveness of the program.
- A pilot program for Upswing was implemented in January 2021. There were 178 members enrolled in the pilot program. The pilot program is included as a separate analysis in this report.
- The full program was implemented in January 2023. There have been 319 members enrolled in the full program through June 2024.
- To ensure adequate experience post-enrollment, the report focuses on members enrolled during the following periods:
  - Pilot Program: Members enrolled from January 2021 through January 2022.
  - Full Program: Members enrolled between January 2023 and May 2023.
- There were 135 non-Medicare members enrolled in Upswing between January 2023 and May 2023.
  - Only 113 members had at least 12 months of pre- and post-enrollment experience and were thus included in the analysis.
- Of the 113 members with the required pre- and post-enrollment experience, coarsened exact matching (explained on following page) was utilized to match participants to non-participants and to adjust for treatment selection bias.
  - Coarsened exact matching (CEM) resulted in 111 program participants (98.2% of 113) matched to 6,476 non-participants.
- Medical and prescription drug experience is included in the evaluation. Unless stated otherwise, only musculoskeletal-related claims are included.
  - Claims were determined to be musculoskeletal-related (MSK) if the primary diagnosis code pertained to the musculoskeletal system.

# Upswing Program Evaluation

## Scope of Analysis & Methodology

- Coarsened Exact Matching (CEM), is a statistical technique used to reduce imbalance of covariates between intervention and control groups to determine causal effects of a population health management program. Covariates matched in this evaluation include:
  - Age
  - Gender
  - Total MSK spend during prior year<sup>1</sup>
  - Alpha diagnosis code<sup>2</sup>
  - Obesity
  - GLP-1 utilization<sup>3</sup>
- Based on the covariates above, members were assigned a “bin signature”. Program participants were then matched to non-participants with the same bin signature.
- If there weren’t any non-participants with the same bin signature, the program participant was excluded from the analysis. For non-participants that were matched to participants, their experience was weighted based on the distribution of their bin signature within each cohort.
- Once members were matched, experience was compared between the baseline and measurement period.
  - Baseline period = Year prior to Upswing enrollment
  - Measurement period = Year after Upswing enrollment (excludes enrollment month)

<sup>1</sup> MSK-spend includes all medical claims with a musculoskeletal-related primary diagnosis code. The prior year includes all experience in the 12 months prior to program enrollment.

<sup>2</sup> Alpha diagnosis code is the first three digits of the ICD-10 diagnosis code

<sup>3</sup> Members with at least three prescriptions for a GLP-1 medication during the experience period were considered a utilizer.

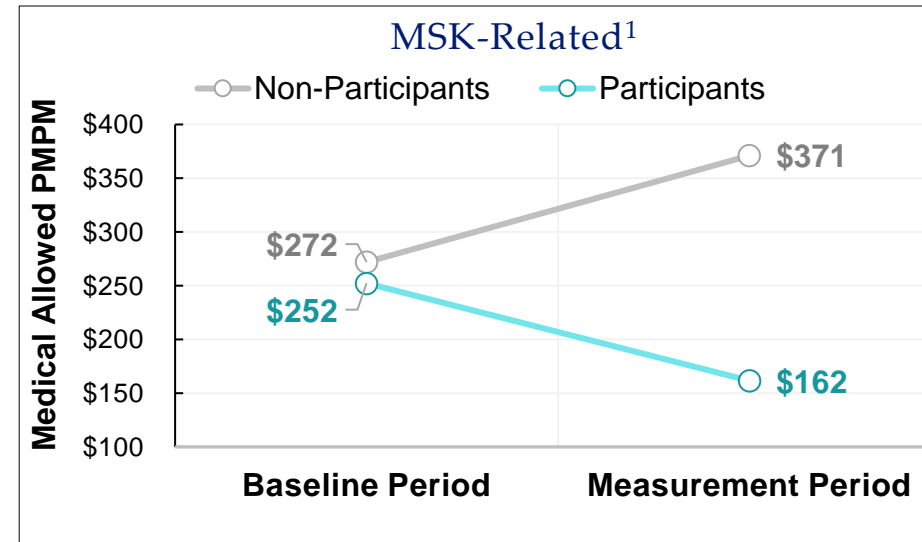
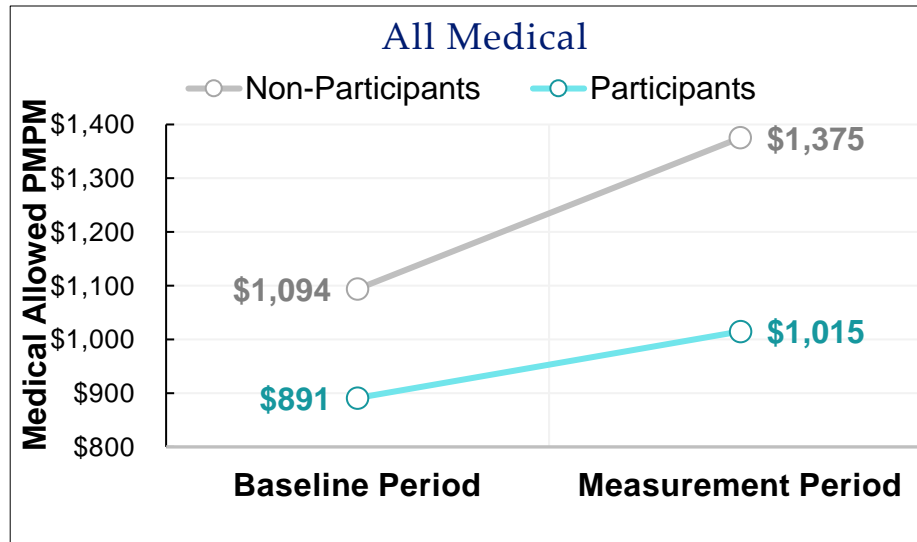
# Upswing Program Evaluation

## Key Findings

- The Upswing program is attracting slightly older members, although the difference is not significant. There is also not a significant difference in gender of program participants when compared to non-participants.
- Participation is low with approximately 1% of adult members utilizing physical/chiropractic therapy for musculoskeletal issues going through Upswing.
- There are early signs that the program is working as intended, including:
  - Lower medical trend for program participants (+13.9% vs. +25.7%) including lower MSK-related trend (-35.9% vs. +36.4%).
  - No MSK-related emergency room visits for program participants in the 12-months following enrollment, compared with 54.1 per 1,000 in the 12-months prior to enrollment.
  - Aside from one ankle surgery, there have been no MSK-related surgeries for program participants in the 12 months following enrollment.
  - Pharmacy under medical allowed costs per member per month (PMPM), which includes MSK injections, decreased 42.3% for participants and increased 22.7% for non-participants.
  - Overall, medical and prescription drug costs increased 17.7% for program participants compared to 23.5% for non-participants.
- The program participants are utilizing opioids for pain management far less than non-participants, which is an encouraging sign that they are using the therapy techniques to manage pain as opposed to addictive prescription drugs.
- Program participants did exhibit higher trend for MSK-related urgent care visits (+150.0% vs. +8.1%) and radiology costs (+72.7% vs. +14.4%) when compared to non-participants.
- Note that the Pilot program does not show the same benefits as the full program. However, it was more challenging finding statistical twins for Pilot program participants as we were not provided with diagnosis information for them. Furthermore, the Pilot program was implemented during the pandemic and experience may have been influenced by pandemic-era disruption.

# Upswing Program Evaluation

## Medical Costs



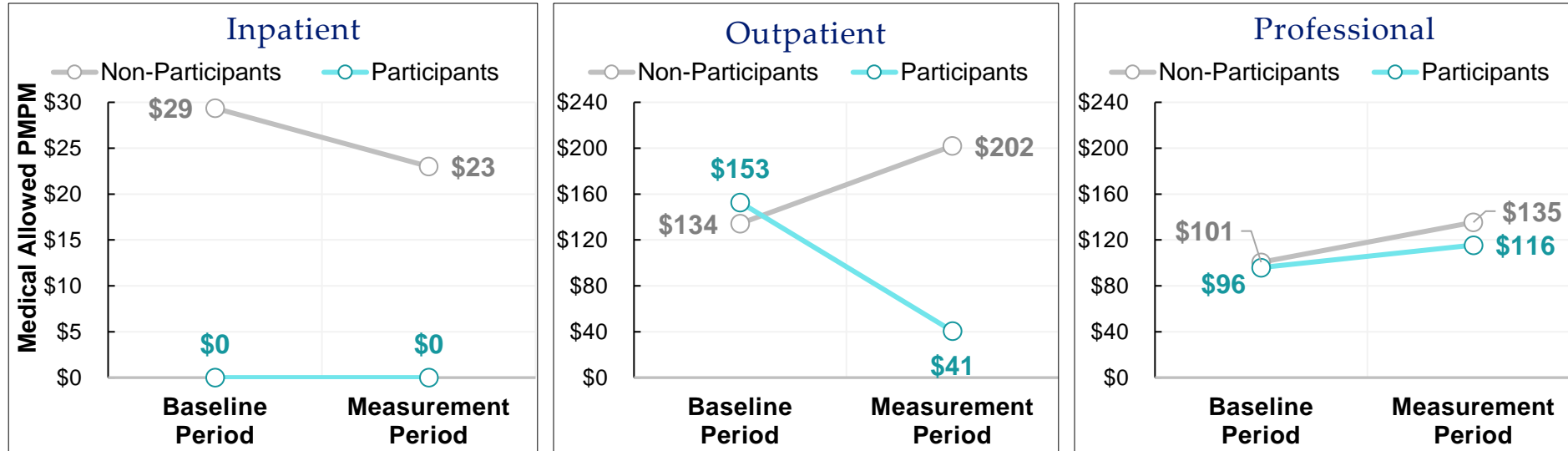
### Observations

- For matched members with statistical twins (111 participants and 6,476 non-participants), medical costs increased from \$891 to \$1,015 per participant per month (PMPM) for participants (+13.9%) and increased from \$1,094 to \$1,375 PMPM for non-participants (+25.7%).
  - The lower medical trend for participants was partially driven by lower MSK-related<sup>1</sup> claims.
- MSK-related<sup>1</sup> medical costs decreased from \$252 to \$162 PMPM for participants (-35.9%) and increased from \$272 to \$371 PMPM for non-participants (+36.4%).

<sup>1</sup> MSK-related claims include all medical claims with a musculoskeletal-related primary diagnosis code.

# Upswing Program Evaluation

MSK-Related<sup>1</sup> Medical Costs by Place of Service



## Observations

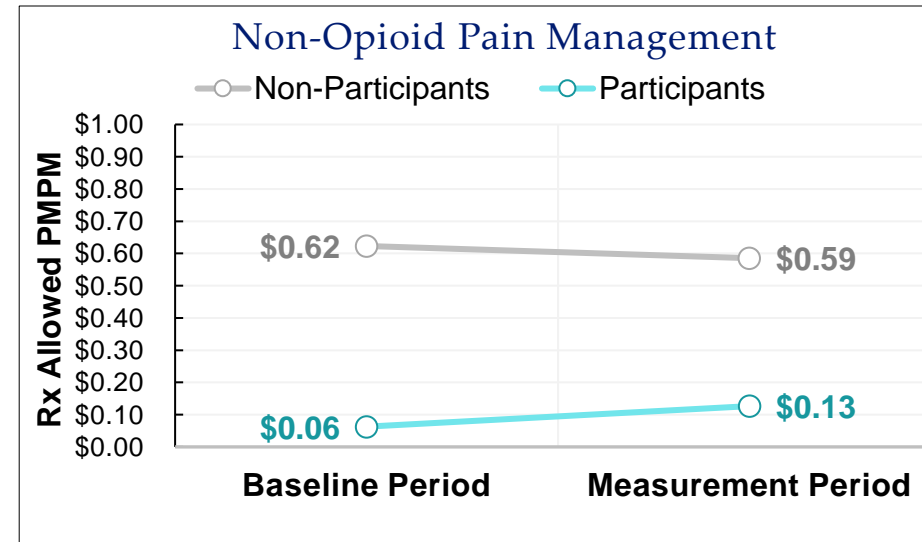
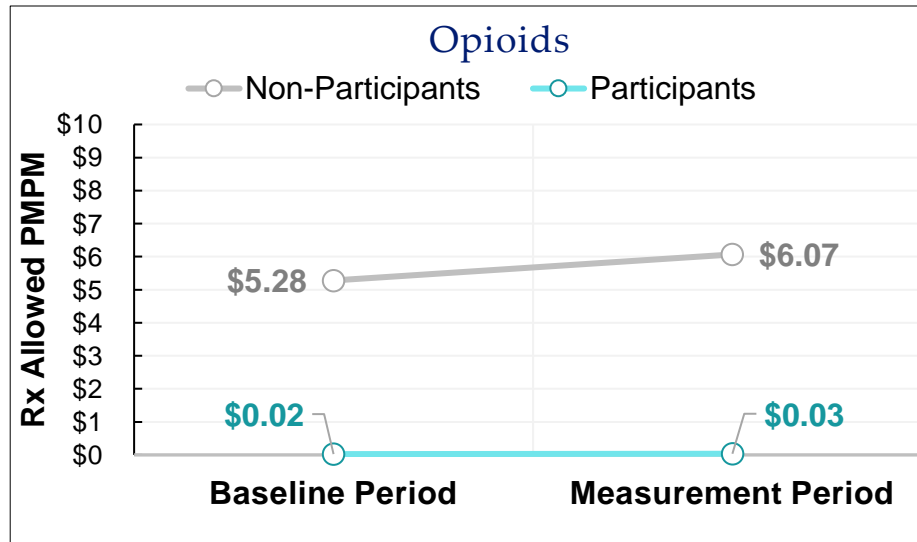
- The charts above break out MSK-related<sup>1</sup> medical spend by place of service.
- There was no inpatient MSK-related<sup>1</sup> medical spend for program participants in the baseline or measurement periods.
- Outpatient MSK-related<sup>1</sup> medical spend decreased from \$153 PMPM to \$41 PMPM (-73.4%) for program participants and increased \$134 PMPM to \$202 PMPM (+50.4%) for non-participants.
- Professional MSK-related<sup>1</sup> medical spend increased from \$96 PMPM to \$116 PMPM (+20.4%) for program participants and increased \$101 PMPM to \$135 PMPM (+34.6%) for non-participants.

<sup>1</sup> MSK-related claims include all medical claims with a musculoskeletal-related primary diagnosis code.



# Upswing Program Evaluation

Pharmacy (Rx) Costs – Pain Management Only



## Observations

- Program participants are utilizing opioids far less than non-participants, a positive indication that the therapy is successful at managing pain and members aren't resorting to additive medication.
- Even though participants are utilizing opioids less overall, they did experience similar trend in the measurement period. Opioid costs PMPM increased from \$0.02 to \$0.03 (+27.0%) for participants and from \$5.28 to \$6.07 (+25.2%) for non-participants.
- Participants are also experiencing higher trend for non-opioid pain management prescription drugs. Costs for non-opioids increased from \$0.06 PMPM to \$0.13 PMPM (+83.3%) for participants and decreased from \$0.62 PMPM to \$0.59 PMPM (-30.1%) for non-participants.

# Upswing Program Evaluation

## Full Results – Medical Costs

	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
<b>Professional Allowed PMPM</b>						
Evaluation & Management	\$15.00	\$17.41	\$17.43	\$20.18	16.2%	15.9%
Therapy	\$20.80	\$21.23	\$28.34	\$26.61	36.2%	25.3%
<b>Outpatient Allowed PMPM</b>						
Urgent Care	\$0.23	\$0.45	\$0.72	\$0.52	205.4%	13.7%
Emergency Room	\$13.54	\$6.26	\$0.00	\$8.91	-100.0%	42.2%
<b>Radiology Allowed PMPM</b>						
Advanced Imaging	\$9.20	\$13.71	\$16.73	\$16.42	81.8%	19.8%
All Other Radiology	\$3.96	\$5.39	\$6.00	\$5.43	51.6%	0.8%
<b>Surgeries Allowed PMPM</b>						
Knee	\$32.31	\$49.87	\$0.00	\$67.14	-100.0%	34.6%
Hip	\$55.70	\$18.41	\$0.00	\$30.17	-100.0%	63.9%
Shoulder	\$37.71	\$17.85	\$0.00	\$27.02	-100.0%	51.4%
Back	\$0.00	\$9.37	\$0.00	\$21.04	n/a	124.5%
Ankle	\$0.00	\$24.52	\$30.94	\$12.15	n/a	-50.5%
Elbow	\$4.80	\$3.18	\$0.00	\$3.04	-100.0%	-4.5%
Head & Neck	\$0.00	\$1.66	\$0.00	\$14.13	n/a	752.4%
Wrist & Hand	\$0.00	\$8.63	\$0.00	\$7.54	n/a	-12.6%

**Note:** cells highlighted in green represent lower trend for participants compared to non-participants and cells highlighted in red represent higher trend for participants compared to non-participants.

# SNF PA Process



## Utilization Management Optimization Plan



Implementation of the one nurse model



SNF admission waiver for members in Yale facilities



Onsite nursing support at select skilled nursing facilities for face-to-face engagement with members



SNF denial audits



SNF decision automation



# Questions and Comments



# Adjourn





# Appendix

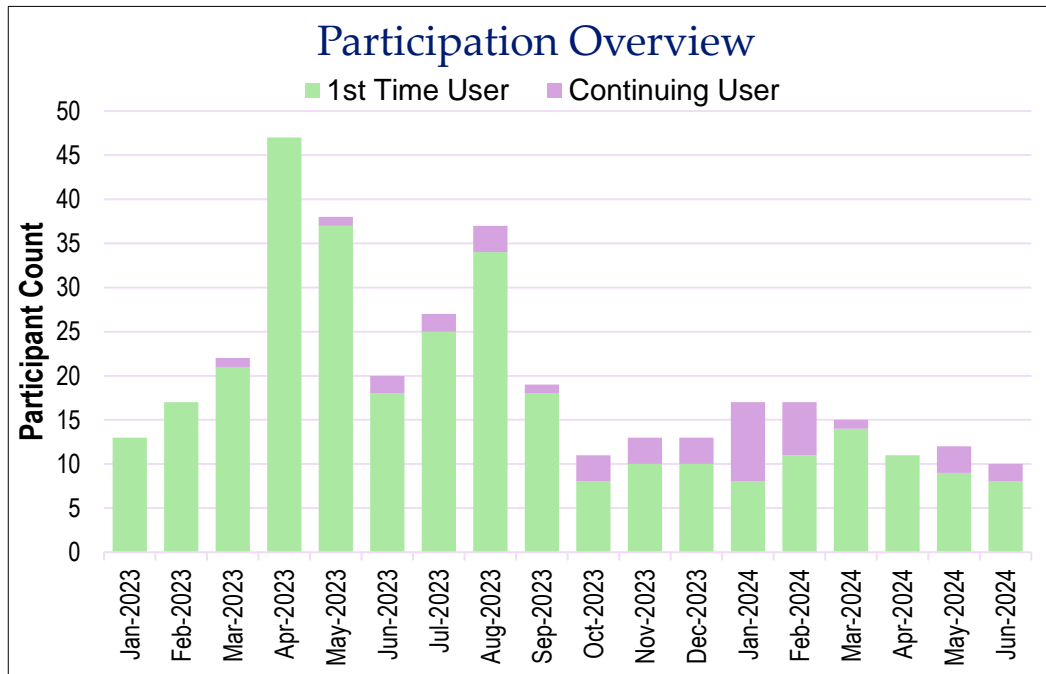
# Upswing Program Evaluation

## Disclaimer

- Segal considers the following evaluation an acceptable methodology in determining the effectiveness of a population health management program such as Upswing. However, the number of program participants included in the analysis is too small to be considered credible and results are expected to vary over time.
- The evaluation and corresponding results are not to be considered an endorsement of Upswing by Segal. Although the methodology is validated by Segal and coarsened exact matching aims to reduce selection bias, there are likely important differences between members who decide to enroll in the program versus those who do not that have not been adjusted for. Examples include:
  - Members are motivated to enroll after a major MSK-related event
  - Members who are motivated to improve their condition are more likely to enroll
- Segal relied on data provided by Upswing and the SoCT's other service providers. Segal has not audited the information provided but it has been reviewed for reasonableness. True savings associated with Upswing may be higher or lower than what is shown in this report.

# Upswing Program Evaluation

## Participation



Participant Breakdown Enrolled Between January 2022 and June 2024		
	Count	% of MSK <sup>1</sup>
<b>Employees</b>		
Age 29 and Under	12	1.1%
Age 30-39	40	1.3%
Age 40-49	63	1.5%
Age 50-59	95	1.4%
Age 60+	72	1.3%
<b>Dependents</b>		
Age 29 and Under	9	0.3%
Age 30-39	6	0.4%
Age 40-49	5	0.2%
Age 50-59	10	0.3%
Age 60+	7	0.3%
<b>Total</b>		
<b>All Ages</b>	<b>319</b>	<b>1.0%</b>

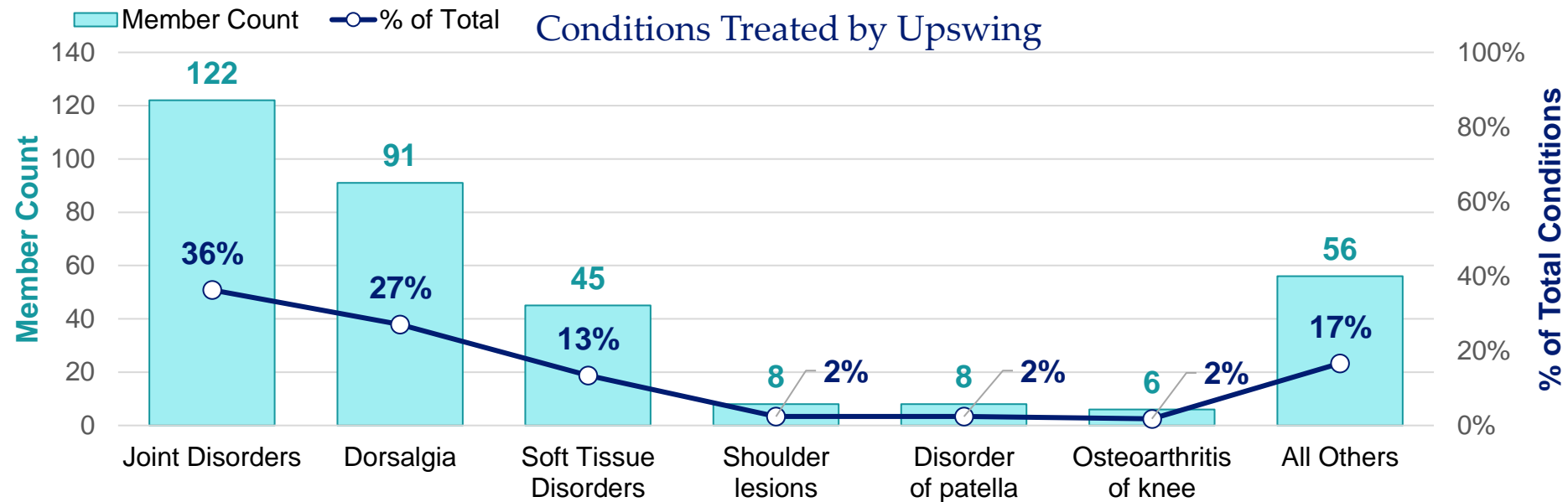
### Observations

- Since program inception, there have been 319 members enrolled in Upswing as of June 2024. Of these, 135 (42%) were enrolled by May 2023.
  - Of the 135 enrolled through May 2023, only 113 had 12 months of pre- and post-enrollment experience. Of the 113 with adequate experience, 111 had a non-participant “statistical twin” and were thus included in the evaluation.
- The 319 members enrolled in Upswing represent approximately 1% of all members in the Fund who received therapy for a musculoskeletal-related condition.

<sup>1</sup> MSK includes all members with an ICD-10 diagnosis code that is included in the Upswing data and also a therapy claim.

# Upswing Program Evaluation

Conditions



## Observations

- The chart above summarizes the top conditions being treated by Upswing.
  - Of the 319 members treated through June 2024, 122 (36%) were treated for joint disorders and another 91 (27%) were treated for dorsalgia.
- Note the total for the conditions above does not sum to 319 as some members were treated for multiple conditions. Also note that the percentages do not add up to 100% due to rounding.

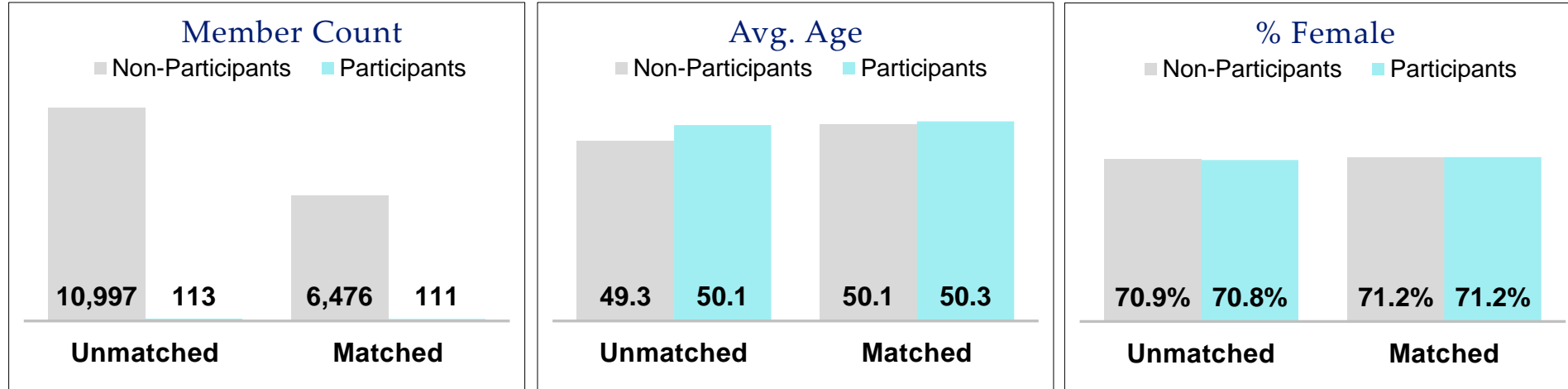
# Full Program

*Effective January 1, 2023*



# Upswing Program Evaluation

## Demographics

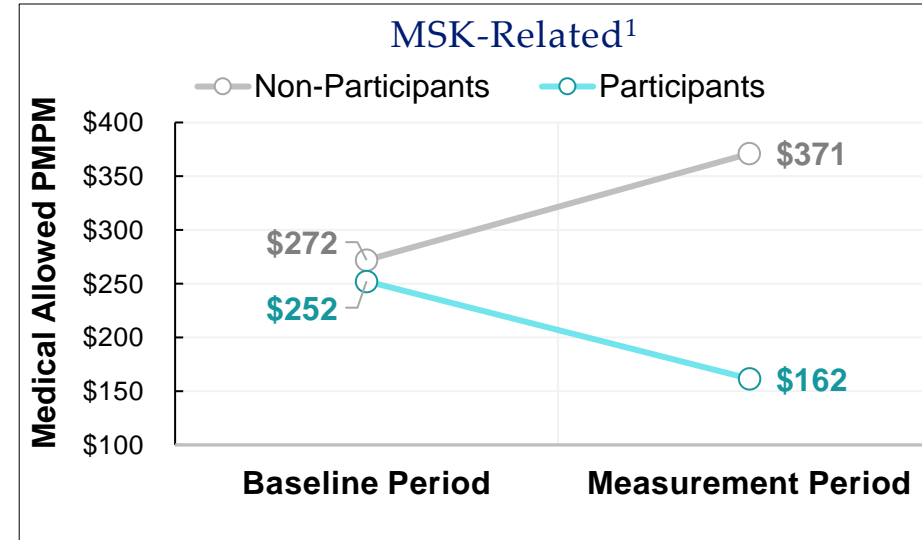
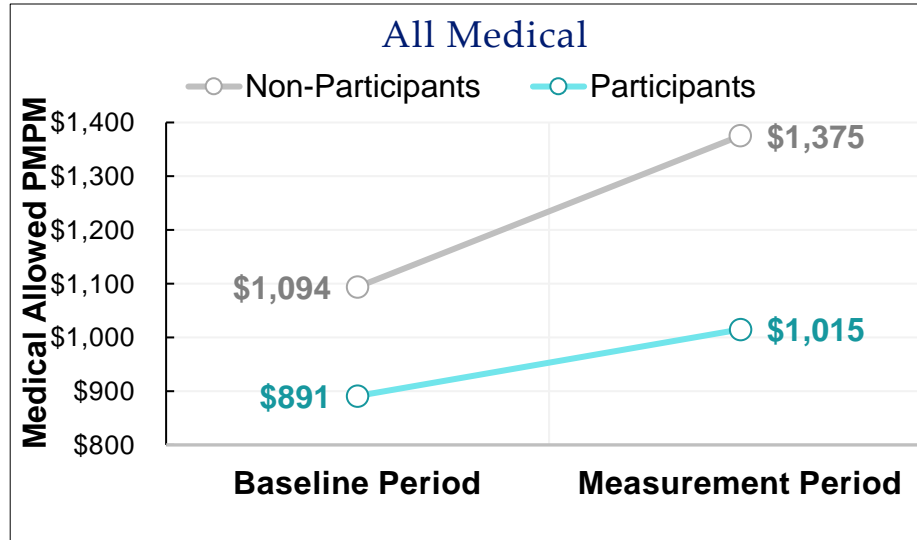


### Observations

- Of the 135 members enrolled during or before May 2023, 113 members had 12 months of experience pre- and post-program engagement.
  - Through coarsened exact matching, 111 program participants were matched to 6,476 “statistical twin” non-participants.
  - 1.8% of participants and 41.1% of non-participants were removed during the matching process.
- Participants were older on average than non-participants (50.1 years vs. 49.3 years) and also slightly less likely to be female (70.8% female vs. 70.9% female).
  - The matching process removed the difference in both of these variables.

# Upswing Program Evaluation

## Medical Costs



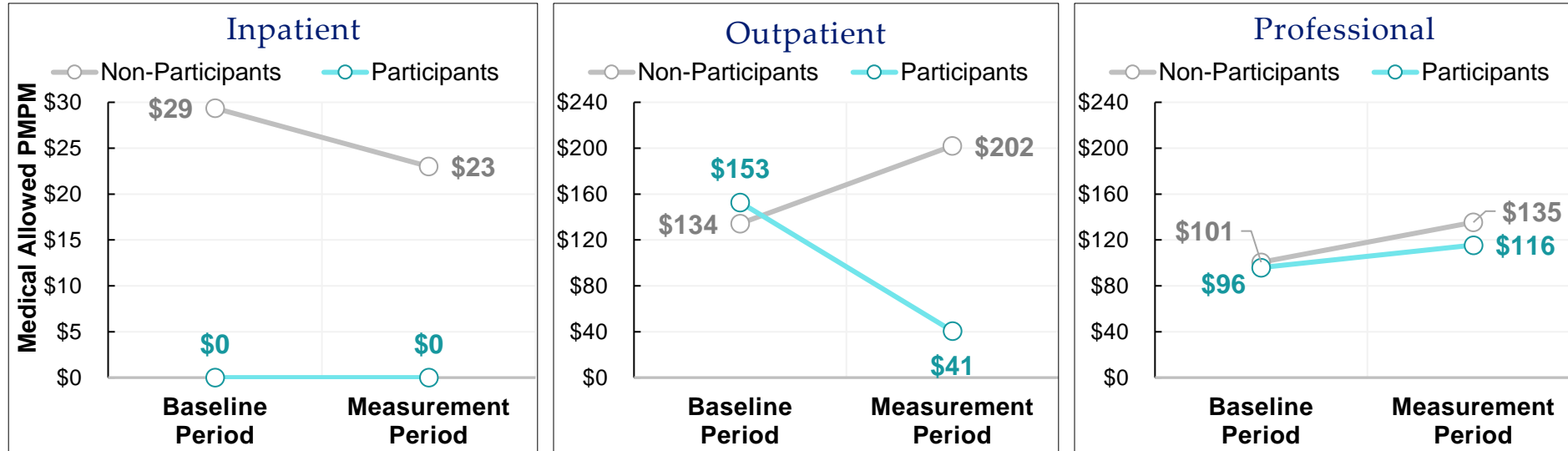
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- For matched members with statistical twins (111 participants and 6,476 non-participants), medical costs increased from \$891 to \$1,015 per participant per month (PMPM) for participants (+13.9%) and increased from \$1,094 to \$1,375 PMPM for non-participants (+25.7%).
  - The lower medical trend for participants was partially driven by lower MSK-related<sup>1</sup> claims.
- MSK-related<sup>1</sup> medical costs decreased from \$252 to \$162 PMPM for participants (-35.9%) and increased from \$272 to \$371 PMPM for non-participants (+36.4%).

<sup>1</sup> MSK-related claims include all medical claims with a musculoskeletal-related primary diagnosis code.

# Upswing Program Evaluation

MSK-Related<sup>1</sup> Medical Costs by Place of Service



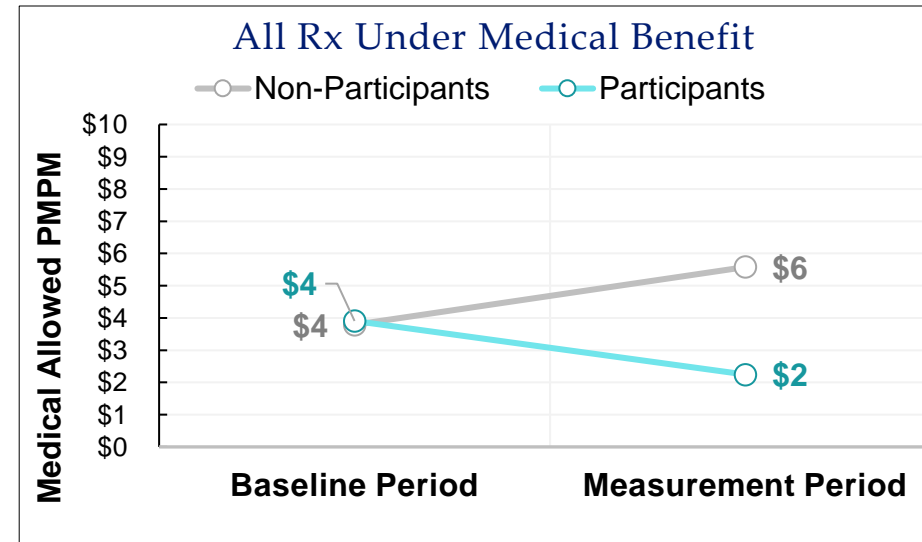
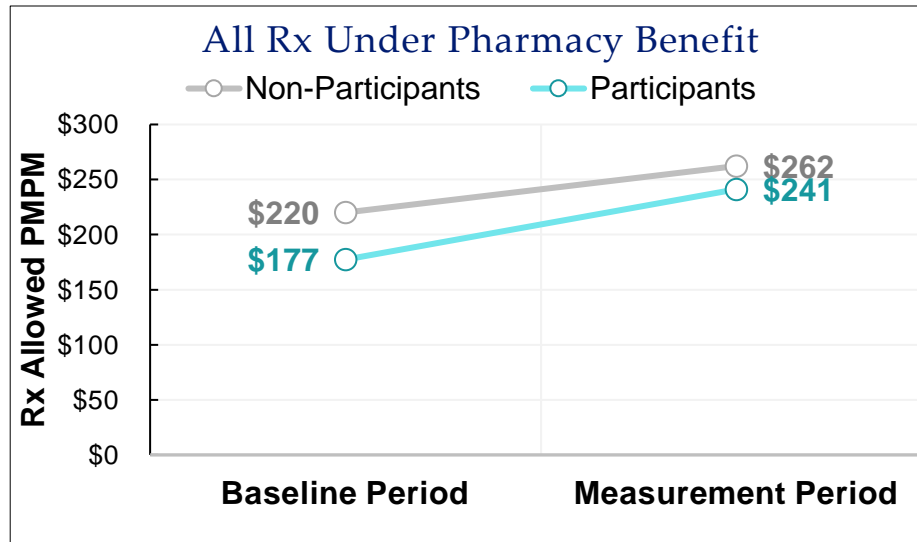
## Observations

- The charts above break out MSK-related<sup>1</sup> medical spend by place of service.
- There was no inpatient MSK-related<sup>1</sup> medical spend for program participants in the baseline or measurement periods.
- Outpatient MSK-related<sup>1</sup> medical spend decreased from \$153 PMPM to \$41 PMPM (-73.4%) for program participants and increased \$134 PMPM to \$202 PMPM (+50.4%) for non-participants.
- Professional MSK-related<sup>1</sup> medical spend increased from \$96 PMPM to \$116 PMPM (+20.4%) for program participants and increased \$101 PMPM to \$135 PMPM (+34.6%) for non-participants.

<sup>1</sup> MSK-related claims include all medical claims with a musculoskeletal-related primary diagnosis code.

# Upswing Program Evaluation

## Pharmacy (Rx) Costs

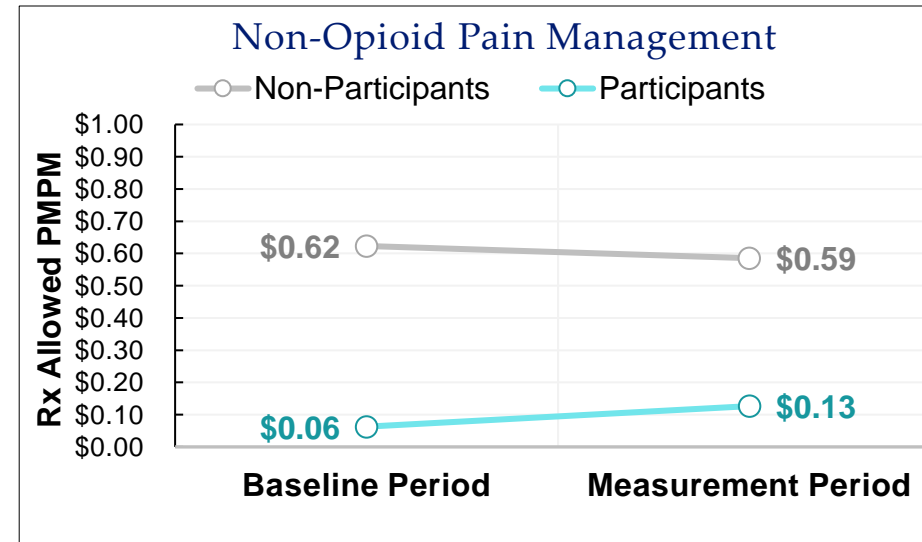
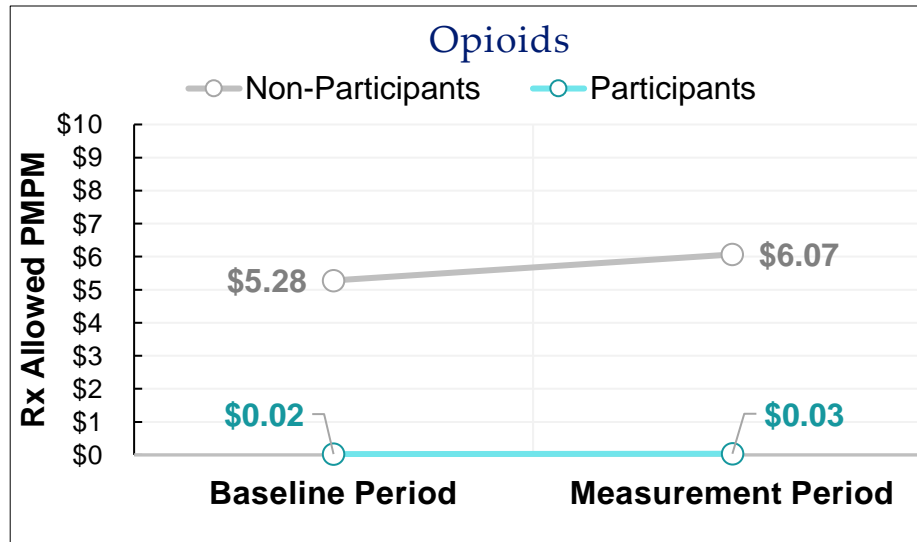


### Observations

- For prescription drugs administered under the pharmacy benefit, costs increased from \$177 PMPM to \$241 PMPM (+35.3%) for program participants and from \$220 PMPM to \$262 PMPM (+13.2%) for non-participants.
- For drugs under the medical benefit, which contains MSK-related injections, costs decreased from \$4 PMPM to \$2 PMPM (-42.3%) for participants and increased from \$4 PMPM to \$6 PMPM (+22.7%) for non-participants.

# Upswing Program Evaluation

Pharmacy (Rx) Costs – Pain Management Only



## Observations

- Program participants are utilizing opioids far less than non-participants, a positive indication that the therapy is successful at managing pain and members aren't resorting to additive medication.
- Even though participants are utilizing opioids less overall, they did experience similar trend in the measurement period. Opioid costs PMPM increased from \$0.02 to \$0.03 (+27.0%) for participants and from \$5.28 to \$6.07 (+25.2%) for non-participants.
- Participants are also experiencing higher trend for non-opioid pain management prescription drugs. Costs for non-opioids increased from \$0.06 PMPM to \$0.13 PMPM (+83.3%) for participants and decreased from \$0.62 PMPM to \$0.59 PMPM (-30.1%) for non-participants.

# Upswing Program Evaluation

## Full Results – Medical Utilization

	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
<b>Professional Visits per 1,000 Members</b>						
Evaluation & Management	1,585.6	1,743.7	1,792.8	2,123.0	13.1%	21.8%
Therapy	3,306.3	2,825.9	4,964.0	3,524.3	50.1%	24.7%
<b>Outpatient Visits per 1,000</b>						
Urgent Care	18.0	23.3	45.0	25.2	150.0%	8.1%
Emergency Room	54.1	34.7	0.0	38.3	-100.0%	10.2%
<b>Radiology Visits per 1,000 Members</b>						
Advanced Imaging	144.1	206.1	225.2	249.7	56.3%	21.2%
All Other Radiology	549.5	734.5	468.5	690.9	-14.8%	-5.9%
<b>Surgeries per 1,000 Members</b>						
Knee	9.0	13.9	0.0	22.0	-100.0%	58.2%
Hip	18.0	5.4	0.0	9.5	-100.0%	76.1%
Shoulder	9.0	8.0	0.0	12.7	-100.0%	58.5%
Back	0.0	1.3	0.0	2.6	n/a	103.0%
Ankle	0.0	13.0	9.0	7.7	n/a	-40.7%
Elbow	9.0	6.9	0.0	3.2	-100.0%	-52.9%
Head & Neck	0.0	1.9	0.0	3.5	n/a	83.8%
Wrist & Hand	0.0	9.7	0.0	9.8	n/a	0.4%

**Note:** cells highlighted in green represent lower trend for participants compared to non-participants and cells highlighted in red represent higher trend for participants compared to non-participants.

# Upswing Program Evaluation

## Full Results – Medical Costs

	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
<b>Professional Allowed PMPM</b>						
Evaluation & Management	\$15.00	\$17.41	\$17.43	\$20.18	16.2%	15.9%
Therapy	\$20.80	\$21.23	\$28.34	\$26.61	36.2%	25.3%
<b>Outpatient Allowed PMPM</b>						
Urgent Care	\$0.23	\$0.45	\$0.72	\$0.52	205.4%	13.7%
Emergency Room	\$13.54	\$6.26	\$0.00	\$8.91	-100.0%	42.2%
<b>Radiology Allowed PMPM</b>						
Advanced Imaging	\$9.20	\$13.71	\$16.73	\$16.42	81.8%	19.8%
All Other Radiology	\$3.96	\$5.39	\$6.00	\$5.43	51.6%	0.8%
<b>Surgeries Allowed PMPM</b>						
Knee	\$32.31	\$49.87	\$0.00	\$67.14	-100.0%	34.6%
Hip	\$55.70	\$18.41	\$0.00	\$30.17	-100.0%	63.9%
Shoulder	\$37.71	\$17.85	\$0.00	\$27.02	-100.0%	51.4%
Back	\$0.00	\$9.37	\$0.00	\$21.04	n/a	124.5%
Ankle	\$0.00	\$24.52	\$30.94	\$12.15	n/a	-50.5%
Elbow	\$4.80	\$3.18	\$0.00	\$3.04	-100.0%	-4.5%
Head & Neck	\$0.00	\$1.66	\$0.00	\$14.13	n/a	752.4%
Wrist & Hand	\$0.00	\$8.63	\$0.00	\$7.54	n/a	-12.6%

**Note:** cells highlighted in green represent lower trend for participants compared to non-participants and cells highlighted in red represent higher trend for participants compared to non-participants.

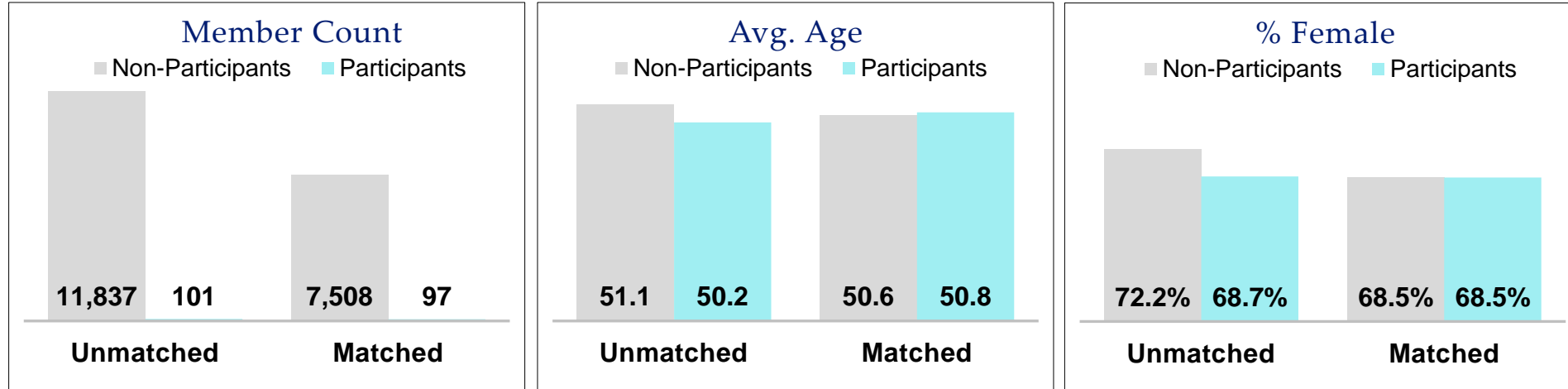
# Pilot Program

*Effective January 1, 2021*



# Upswing Program Evaluation

## Demographics

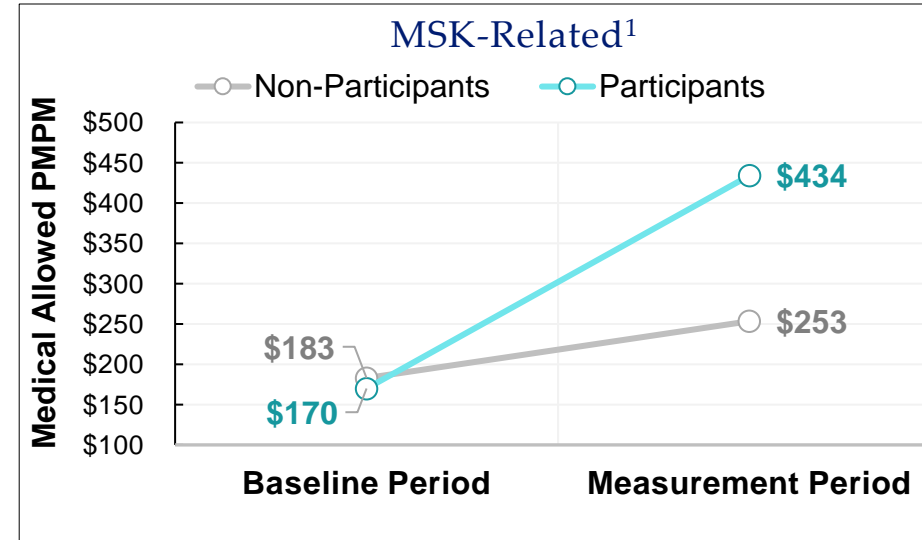
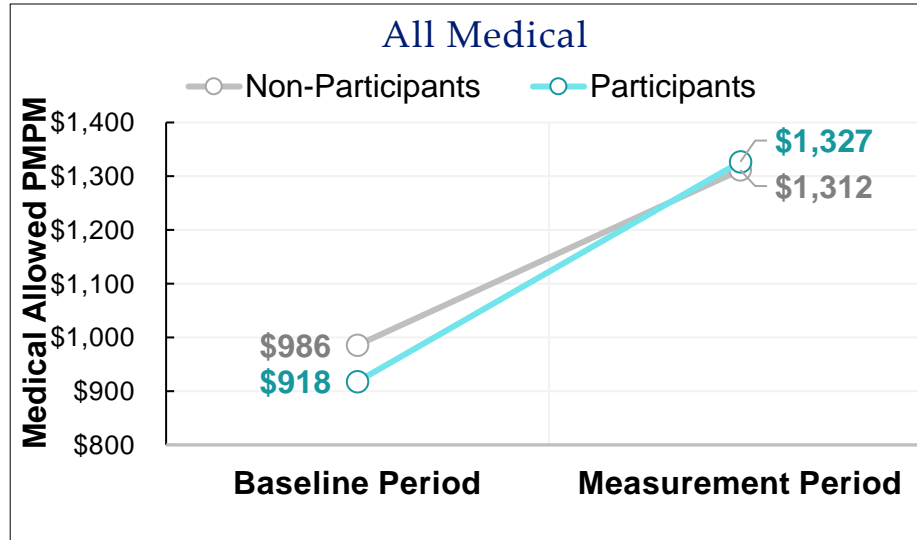


### Observations

- There were 101 members in the pilot program with 12 months pre- and post-experience and who had musculoskeletal claims information so their condition could be determined.
  - Through coarsened exact matching, 97 program participants were matched to 7,508 “statistical twin” non-participants.
  - 4.0% of participants and 36.6% of non-participants were removed during the matching process.
- Participants were younger on average than non-participants (50.2 years vs. 51.1 years) and also less likely to be female (68.7% female vs. 72.2% female).
  - The matching process removed the difference in both of these variables.

# Upswing Program Evaluation

## Medical Costs



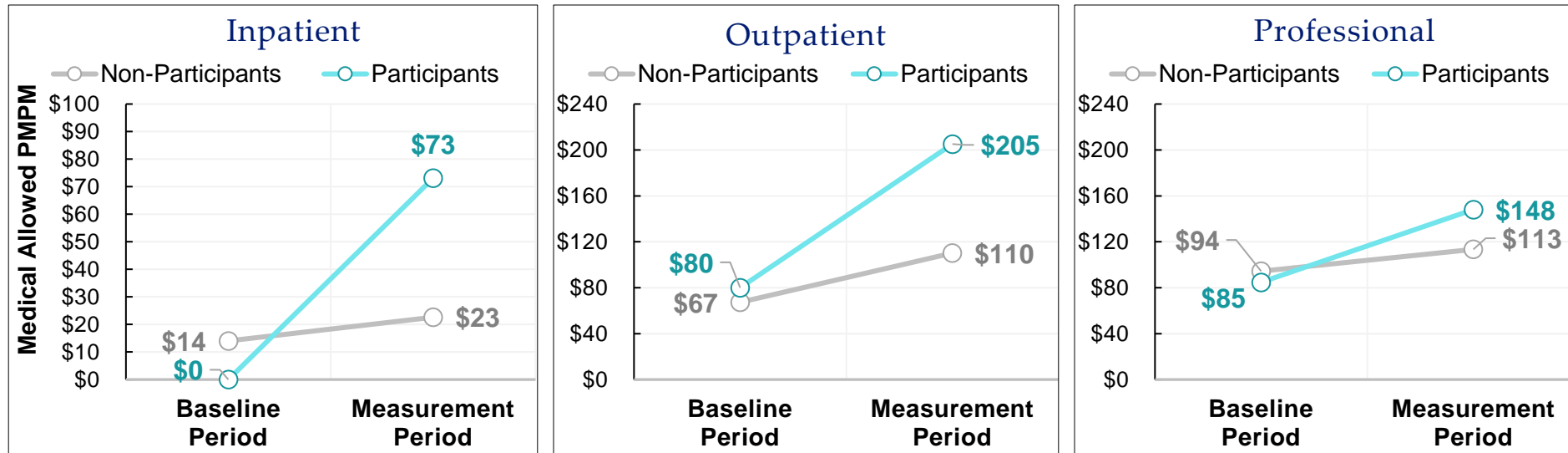
### Observations

- For matched members with statistical twins (97 participants and 7,508 non-participants), medical costs increased from \$918 to \$1,132 PMPM for participants (+44.5%) and increased from \$986 to \$1,312 PMPM for non-participants (+33.0%).
  - The higher medical trend for participants was partially driven by higher MSK-related<sup>1</sup> claims.
- MSK-related<sup>1</sup> medical costs increased from \$170 to \$434 PMPM for participants (+155.4%) and increased from \$183 to \$253 PMPM for non-participants (+38.5%).

<sup>1</sup> MSK-related claims include all medical claims with a musculoskeletal-related primary diagnosis code.

# Upswing Program Evaluation

MSK-Related<sup>1</sup> Medical Costs by Place of Service



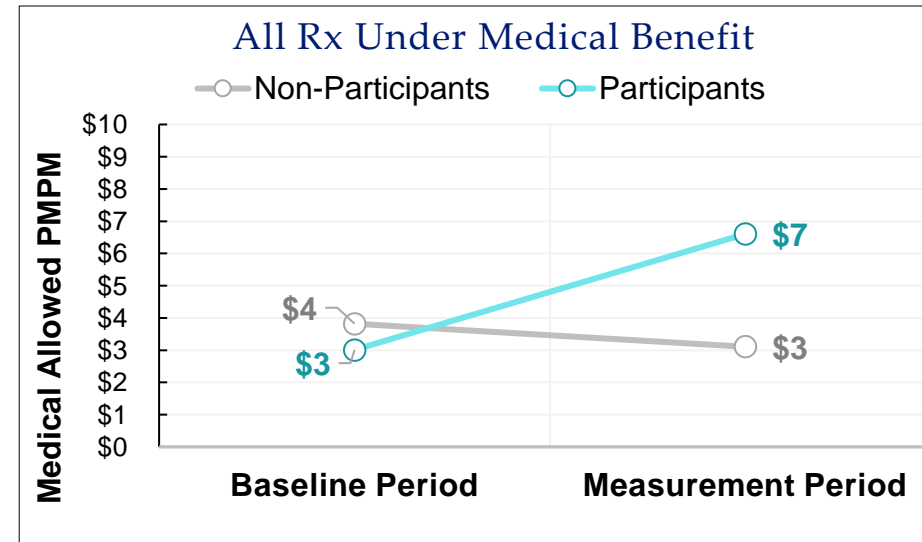
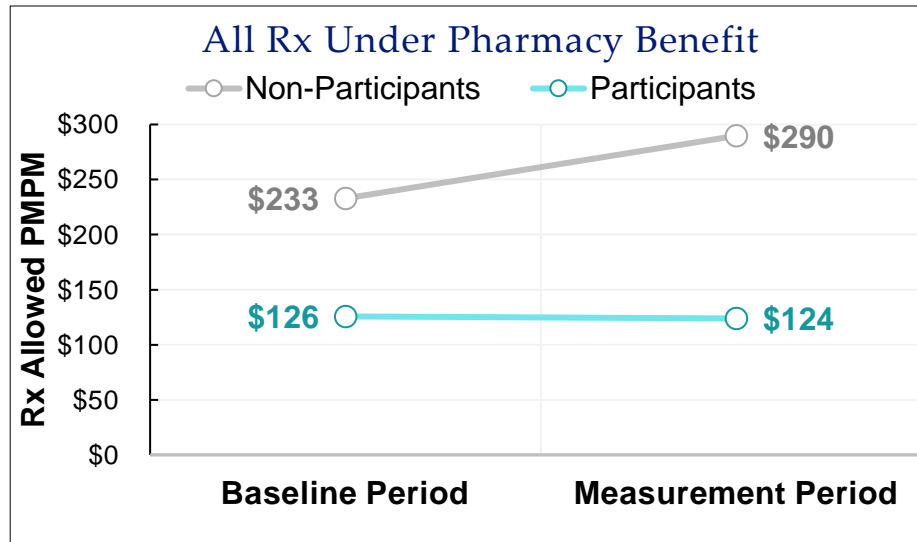
## Observations

- The charts above break out MSK-related<sup>1</sup> medical spend by place of service
- There was no inpatient MSK-related<sup>1</sup> medical spend for program participants in the baseline period and \$73 PMPM in the measurement periods.
- Outpatient MSK-related<sup>1</sup> medical spend increased from \$80 PMPM to \$205 PMPM (156.3%) for program participants and increased \$67 PMPM to \$110 PMPM (+63.7%) for non-participants.
- Professional MSK-related<sup>1</sup> medical spend increased from \$85 PMPM to \$148 PMPM (+74.7%) for program participants and increased \$94 PMPM to \$113 PMPM (+20.1%) for non-participants.

<sup>1</sup> MSK-related claims include all medical claims with a musculoskeletal-related primary diagnosis code.

# Upswing Program Evaluation

## Pharmacy (Rx) Costs

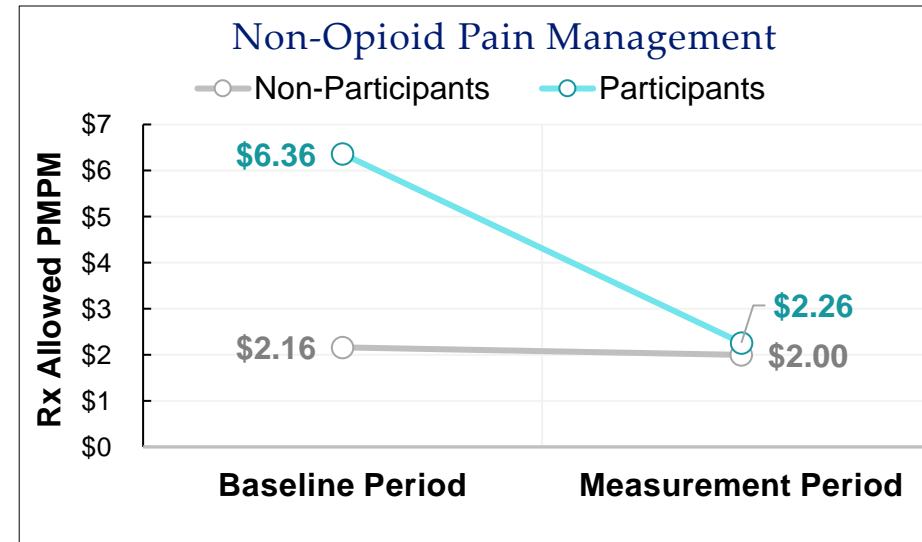
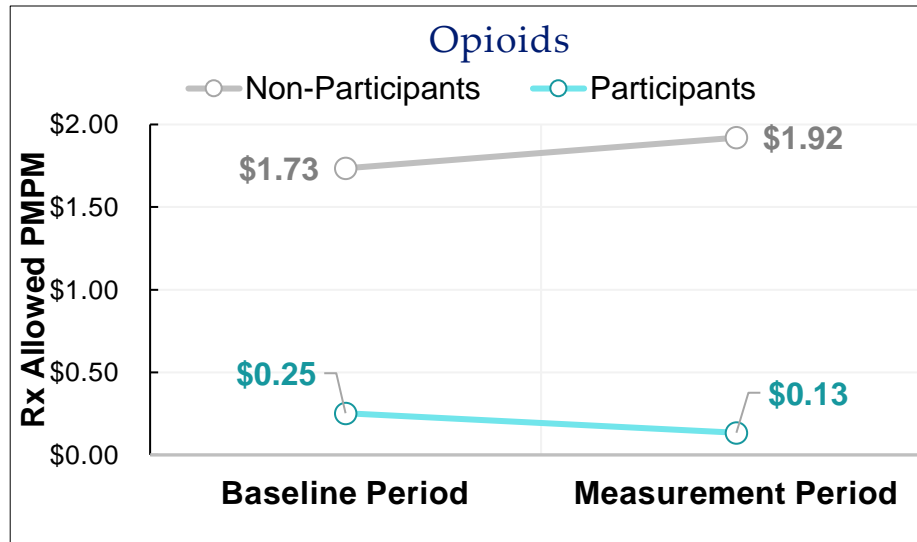


### Observations

- For prescription drugs administered under the pharmacy benefit, costs decreased from \$126 PMPM to \$124 PMPM (-1.5%) for program participants and increased from \$233 PMPM to \$290 PMPM (+24.4%) for non-participants.
- For drugs under the medical benefit, which contains MSK-related injections, costs increased from \$3 PMPM to \$7 PMPM (+119.4%) for participants and decreased from \$4 PMPM to \$3 PMPM (-18.7%) for non-participants.

# Upswing Program Evaluation

Pharmacy (Rx) Costs – Pain Management Only



## Observations

- Program participants are utilizing opioids far less than non-participants, a positive indication that the therapy is successful at managing pain and members aren't resorting to additive medication.
- Program participants experienced lower trend for opioid costs in the measurement period. Opioid costs PMPM decreased from \$0.25 to \$0.13 (-46.8%) for participants and increased from \$1.73 to \$1.92 (+10.7%) for non-participants.
- Participants are utilizing non-opioid pain management prescription drugs at a higher rate but did experience lower trend in the measurement period. Costs for non-opioids decreased from \$6.36 PMPM to \$2.26 PMPM (-64.5%) for participants and decreased from \$2.16 PMPM to \$2.00 PMPM (-7.5%) for non-participants.

# Upswing Program Evaluation

## Full Results – Medical Utilization

	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
<b>Professional Visits per 1,000 Members</b>						
Evaluation & Management	1,886.6	2,090.3	2,443.3	2,018.9	29.5%	-3.4%
Therapy	3,226.8	3,200.6	2,402.1	3,819.1	-25.6%	19.3%
<b>Outpatient Visits per 1,000</b>						
Urgent Care	41.2	24.3	51.5	16.8	25.0%	-31.0%
Emergency Room	30.9	26.6	30.9	19.2	0.0%	-27.9%
<b>Radiology Visits per 1,000 Members</b>						
Advanced Imaging	154.6	186.8	319.6	168.8	106.7%	-9.6%
All Other Radiology	742.3	803.4	577.3	821.4	-22.2%	2.2%
<b>Surgeries per 1,000 Members</b>						
Knee	10.3	11.0	30.9	12.2	200.0%	10.7%
Hip	0.0	5.7	10.3	7.6	n/a	34.5%
Shoulder	20.6	11.8	20.6	11.0	0.0%	-6.1%
Back	0.0	0.1	0.0	7.5	n/a	4954.4%
Ankle	10.3	13.9	41.2	11.4	300.0%	-17.5%
Elbow	0.0	4.9	0.0	5.0	n/a	1.6%
Head & Neck	0.0	0.8	10.3	1.4	n/a	82.7%
Wrist & Hand	0.0	9.8	10.3	8.9	n/a	-9.1%

**Note:** cells highlighted in green represent lower trend for participants compared to non-participants and cells highlighted in red represent higher trend for participants compared to non-participants.

# Upswing Program Evaluation

## Full Results – Medical Costs

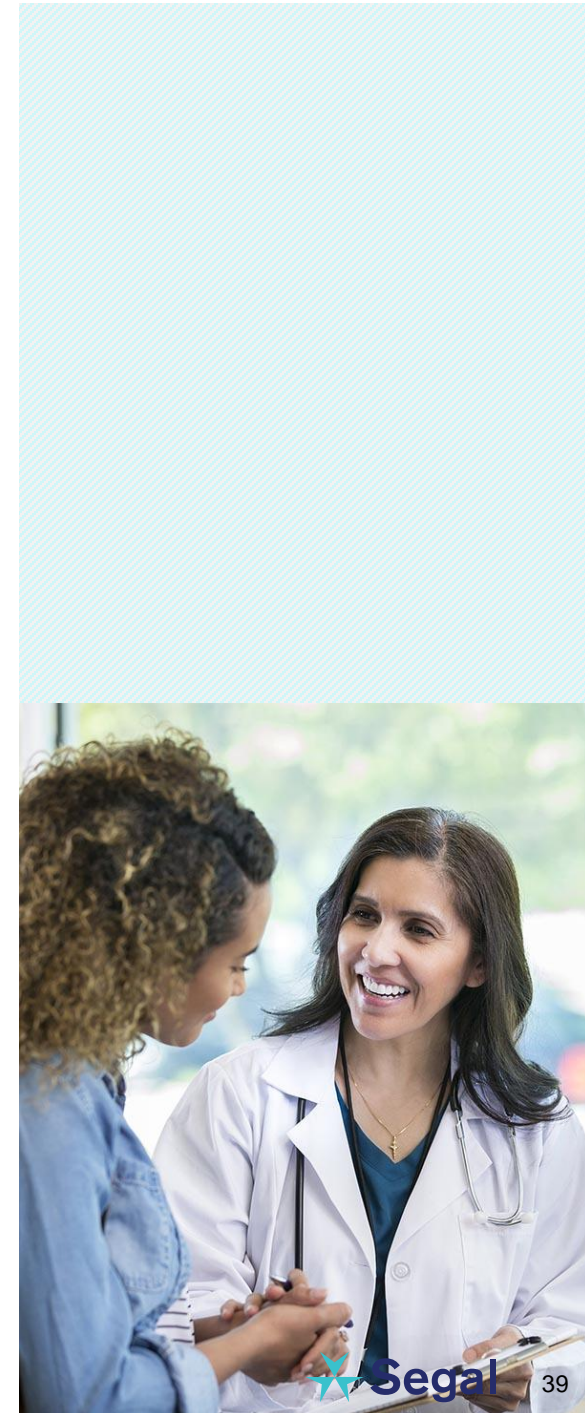
	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
<b>Professional Allowed PMPM</b>						
Evaluation & Management	\$15.27	\$18.55	\$23.32	\$17.66	52.7%	-4.8%
Therapy	\$22.17	\$23.92	\$26.54	\$25.03	19.7%	4.6%
<b>Outpatient Allowed PMPM</b>						
Urgent Care	\$0.66	\$0.42	\$0.81	\$0.27	22.6%	-36.0%
Emergency Room	\$4.96	\$4.47	\$7.65	\$3.43	54.1%	-23.3%
<b>Radiology Allowed PMPM</b>						
Advanced Imaging	\$9.83	\$11.16	\$20.81	\$9.95	111.7%	-10.9%
All Other Radiology	\$5.58	\$5.00	\$7.21	\$4.32	29.2%	-13.5%
<b>Surgeries Allowed PMPM</b>						
Knee	\$25.16	\$33.68	\$119.53	\$40.60	375.1%	20.5%
Hip	\$0.00	\$17.30	\$26.86	\$21.27	n/a	22.9%
Shoulder	\$25.21	\$19.87	\$20.63	\$19.37	-18.2%	-2.5%
Back	\$0.00	\$1.83	\$0.00	\$41.92	n/a	2187.1%
Ankle	\$5.88	\$14.99	\$55.26	\$10.89	839.8%	-27.4%
Elbow	\$0.00	\$4.66	\$0.00	\$6.26	n/a	34.2%
Head & Neck	\$0.00	\$0.97	\$102.50	\$6.40	n/a	563.0%
Wrist & Hand	\$0.00	\$7.71	\$3.83	\$8.01	n/a	4.0%

**Note:** cells highlighted in green represent lower trend for participants compared to non-participants and cells highlighted in red represent higher trend for participants compared to non-participants.

# Appendix

## A Word About Privacy

- Data presented has been “de-identified”, which means it does not contain names or SSNs, etc.
- Specific medical conditions are identified.
- If the plan administrator knows the identity of individuals with a specific condition, that information is considered PHI.
- PHI is subject to the HIPAA Privacy Rule’s protections, which means it must be kept confidential and cannot be used for any reason other than health plan administration (e.g., using it for employment purposes, or by other benefit plans, is prohibited).





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