**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, August 10, 2017 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Bret Achorn, Diane Bailey, Lois Baxter, Jonathan French, Becky Greene, Wanita Page, Joyce Oreskovich, Terry James, Cecile Champagne-Thompson, Amy MacMillan, Sandra Doyon, Nickole Wesley

(total = 12)

Commission members absent: Robert Omiecinski, Laurie Doucette, Eric Cioppa, Carrie Margrave, Chris Brawn, Lew Miller, Will Towers, Derek Chase, Kim Vigue, Kelly John, Ellen Hughes, Karen O’Connor

Others present: Kurt Caswell, Shonna Poulin-Gutierrez, Linsey Gervais, Heather Albert – Employee Health & Benefits; Sabrina Simmons, Joe Bataguas – Aetna; Bill Clifford– USI; Jodi Collins, Bill Whitmore, Jean Wood– Anthem Blue Cross and Blue Shield; Lynn Derocher – Maine Health Management Coalition; Thomas Record – State of Maine, Bureau of Insurance; Laura Robert- Sun Life; Erica Brown, Tina Love- WellStar ME

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| Agenda Item | Discussion | Action/Next Steps |
| I. Call to Order (8:34am) | Wanita Page called the meeting to order |  |
| II. Introductions |  |  |
| III. Review & Approval of Minutes (July 13, 2017) |  | Lois Baxter made motion to accept the minutes; Bret Achorn seconded; no abstentions. Motion passed.  |
| *IV. UPDATES- MONTHLY* |
| **a.i. Aetna Monthly Report-**  **State of Maine Health Plan-** *Joe Bataguas* | Aetna was experiencing a delay in manual claims resulting in providers not receiving payment. The issue has been identified and resolved. They are catching up on the back log which should be done by this week.  |  |
| a.ii. Aetna Monthly Report – Medicare Advantage Plan*Sabrina Simmons* | Information contained in written report; highlights and discussion noted below:* Aetna is mailing a Provider Quality Report to treating providers to help them identify patients with a gap in care for their members.
* Healthy home visit results for 2015 thru 2017 show a high acceptance rate with positive feedback from members.
* Lois asked Sabrina to clarify coverage for annual physicals. The annual physical is a non-covered service through Medicare; however the Medicare Advantage plan does cover it. Previously covered one every 344 days but that limit has been reduced.
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| a.iii. Anthem Implementation Update- *Jodi Collins* |  Jodi Collins presented a Power Point presentation and discussed the implementation of the new health plan. Discussion highlights below:Summary of milestones since plan implantationAnthem is continuing to recruit providers that are not currently in their networkEligibility and Enrollment; completed the build of new group structuresBilling procedures are continuing to be worked through Dedicated member services team specifically for the SOM members In July they had 3,017 phone calls into member services Condition Care members came over from Aetna and have been uploaded into Anthems systemAccumulator amounts have been loaded into Anthem’s system from Aetna, does not include run out informationClaims hold is in place until August 20th to verify processes. Joyce Oreskovich asked if this was a typical process, Jodi confirmed that it is so that the accumulator file can be loaded first so claims are paid appropriatelyJonathan French asked for a communication to go out to members letting them know about the claims holds. Kurt Caswell suggested a coordinated effort with Anthem. Bret Achorn asked that we make information available to those who don’t have emailAmy MacMillan asked about the data being sent from Anthem to the Coalition, Kurt Caswell noted the importance of the data in developing the teiring methodology |   |
| a.iv. Plan Experience Summary *USI* |  Bill Clifford presented the Rolling 12-Months and Policy Period Claims Reports. Discussion highlights below:* Rolling 12 month actual to budget 96.5%
* Average claim per employee is $13,000, high in comparison
* Population demographics noted that 1,000 retirees over age 65 who will never qualify for Medicare; average age of this group is 75.
* $3.1 million in premiums paid to Aetna for Stop loss coverage with $4 million in claims for current 12 month rolling period. New limit is $750,000.
* Wanita Page asked about the run out of claims and the impact it will have, Bill said it could take two years but the run outs are in the forecast and budgeted
* Amy MacMillan asked how the data was presented in that the numbers reflect when the bill was paid rather than when service was rendered; Bill said it reflected when the bill was paid
* The Rx claims for July is expected to be below the expenses
* Jonathan asked about reporting for Rx, Employee Health and Benefits is currently working with ESI to gain access securely. It is expected to have a new reporting package available at the next Commission meeting
* Dental for July 2018; loss ratio is 84.8%
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| a.v. Executive Summary Discussion*Employee Health & Benefits* |  The Executive Summary report was provided to the Commission via e-mail prior to the meeting. Discussion highlights below:* Meeting hours discussed, it was agreed upon to keep the meeting times and duration as is.
* Bret Achorn brought up an issue with a member. Kurt Caswell said we are aware of these hurdles and are taking action to resolve them.
* Cecile Thompson asked where to get the updated listing of the preferred PCP’s, Kurt directed they call Anthem Member Services
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| *IVb. UPDATES – BIANNUAL* |
| b.i. Dental Plan Report*(Provided in March and September) Marie Bridges of Northeast Delta Dental* | Formal report not due this month. |  |
| b.ii. Employee Assistance Program Report*(Provided in October and April)* | Formal report not due this month. |  |
| b.iii. Express Scripts, Inc. | Reporting schedule to be determined. |  |
|  | V- OLD BUSINESS |  |
| a. Wellness Data Review-*Erica Brown/MCD* | Erica Brown provided a 2-year comparison of health numbers collected and reported:* Flu vaccines; doses administered was down a little for 2016-17 but the cost savings was greater. Joyce Oreskovich noted the decline and eventually phase out. Shonna Poulin-Gutierrez noted the walk-in style; less administrative burden. Amy MacMillan asked about the cost of administration of the flu shots; we did pay CDC admin fee and did not pay Walgreens.
* On-Site Health Screenings: 47% increase this year. 2015-16 only used one vendor; 2016-17 used 4 different vendors to reach more members. Did see a decrease in the no-show rate.
* Members showed a decrease in all risk factors besides Low HDL Cholesterol
* Amy asked what we use this information for. Shonna Poulin-Gutierrez stated we target the problem areas from the data we are receiving to develop wellness strategies. Joyce Oreskovich uses the improved wellness programs with her peers and noted it’s a valuable benefit for employees. Kurt Caswell stated the data is also used for plan design
* My numbers metric showed an improvement in numbers all but HDL Cholesterol.
* 54% of primary subscribers have 2 or more risk factors. Kurt Caswell asked how this percentage compares to the population.
* Hemoglobin decreased from 9.26 to 6.3. Jonathan French asked about the participants that entered incorrect numbers into the system just to get it done and the impact to the reporting information. Erica Brown said they have put in parameters to decrease that amount of incorrect information entered.
* Participant feedback for the Health Screening, average rating was a 9
* Bret Achorn asked about the variance in the percentage of high-risk for diabetes. Shonna Poulin-Gutierrez mentioned the pre-diabetes screening was reporting on the AC1 only and the self-reported questionnaire is completed by the member and asks much more in depth questions
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| *Break 9:49am-10:04am* |  |  |
| b. By-Law Review/Discussion- | Kurt Caswell provided information from the AG’s office and BOI regarding two amendments:* Tom Record reviewed the suggested revision. (He did note a typo in the cover memo; it should read section 4312 not 4612.)
* Bill Laubenstein (via e-mail provided previously) referenced Title 1, Chapter 13, Section 405.
* Jonathan French noted a vote cannot take place at this meeting because the information was not received 10 days prior to the meeting.
 | Joyce Oreskovich suggested that Bill Laubenstein be invited to a future meeting to discuss the Executive Session amendment. |
|  | ***VI- OTHER BUSINESS*** |  |
| a. Educational Session: 65+ Non-Medicare Retiree Option-*Bill Clifford/USI* | Bill Clifford reviewed a Power Point “Strategy For Non-Medicare Eligible Retirees Age 65+.” Discussion highlights below:* There are currently 3,600 Non-Medicare retirees both above and below age 65 on the POS plan. 1,063 of those are over 65 and should be on Medicare. These individuals were employed before 1986 and did not contribute into Social Security making them not eligible for Medicare.
* Claim expenses for the 1,063 members that are not on Medicare average $18,000 a year and $3,400 on the Medicare Advantage plan.
* They would be subject to a late enrollment penalty when enrolling in Medicare that the State is considering paying. The savings would be much greater even with the penalty costs
* In order to move these retirees into the Medicare advantage plan individual authorization from each member is needed in order to make the transition. The coverage and cost savings for them would be very beneficial
* Jonathan French asked about moving members to the Medicare advantage plan that were in end-stage renal disease, Per Sabrina Deguzman-Simmons they would have to stay in the plan for 30 months but could move over after that time period
* Kurt Caswell noted this is in the concept phase and is looking to the group for agreement to move to the next step to gather specifics
* Amy MacMillan asked about Part D coverage for these members. Per Bill, it will depend on the selected vendor(s) from the RFP review process. Bill Clifford confirmed that there will not be a Part D for this group; they already have creditable coverage in the active plan.
* Joyce Oreskovich asked if the entire group has to move over or if we can move over the new retirees to start/one at a time. Per Bill Clifford the entire group does not need to move over at once
* USI gave a timeline of activities in order to make the change happen
* By a show of hands, it was approved to continue to explore the ROI and costs associated with making the transition
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| b. Meeting Time Review | See Executive Summary discussion above. |  |
| Other Discussion |  |  |
| VII. Adjourn Meeting (10:52am) |  | Lois Baxter made a motion to adjourn the meeting; Bret Achorn seconded. Motion passed and meeting adjourned. |

*2017 Meeting Schedule (invites to follow)*

* *September 14, 2017 (Kaplan University)*
* *October 12, 2017 (Central Maine Commerce Center, Champlain Room)*
* *November 9, 2017 (Central Maine Commerce Center, Champlain Room)*
* *December 14, 2017 (Central Maine Commerce Center, Champlain Room)*