**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, November 9, 2017 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Chris Brawn, Robert Omiecinski, Jonathan French, Wanita Page, Joyce Oreskovich, Cecile Champagne-Thompson, Kim Vigue, Ellen Hughes, Karen O’Connor, Kelly John, Terry James, Nickole Wesley, Carrie Margrave, Lew Miller, Will Towers

(total = 17)

Commission members absent: Eric Cioppa, Derek Chase, Laurie Doucette, Sandra Doyon, Becky Greene, Amy MacMillan

Others present: Kurt Caswell, Linsey Gervais– Employee Health & Benefits; Sabrina Simmons, Joe Bataguas– Aetna; Amy Deschaines, Burr Duryee– USI; Jodi Collins, Bill Whitmore, Jean Wood, Sarah O’Bienes– Anthem Blue Cross and Blue Shield; Thomas Record – State of Maine, Bureau of Insurance; Trevor Putnoky- Maine Health Management Coalition; Max Knutsen- Maine Health

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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** (October 12, 2017) |  | Lois Baxter made motion to accept the minutes; Rob Omiecinski seconded; no abstentions. Motion passed. |
| **IVa. UPDATES-MONTHLY** | | |
| a.i. Anthem Implementation/ Claims Update- Jodi Collins | Information contained in written report; highlights and discussion noted below:   * Jodi Collins provided 3 months of data * Medical claims for 3 months $27,900,938 (July-September) * 99.3% of paid claims were paid in network * Network discounts totaled 29.7% * 65 High Cost Claimants (HCC) claimants account for $6,285,463 * Membership: Subscribers- 15,459; Members- 27,832; Average age is 40 * Subscriber consumes 63.3% of total plan cost * Wanita page asked what the health condition ‘Health Status’ is? Jodi Collins explained it was when a patient goes to the doctors and there is not a diagnosis; the patient goes in just saying “I’m not feeling well” * The 65 HCC drove up 22.6% of all costs; 15 members are 65+, 18 members are 60-64 * 95.4% of HCC remain on the plan * Subscribers are responsible for 57.7% of HCC costs * The top five health conditions categories accounted for 46.1% of claims paid for the total plan * Nine out of the ten top conditions have a per member per month (PMPM) higher than the benchmark * It is still early in claims experience which is why the PMPM are higher than benchmark, will even out the more claims that come in and are processed * Monday’s and Thursday’s are the higher traffic volume in ER utilization * Wanita Page asked to have the diagnosis information put in lemans terms for better understanding * Wanita Page mentioned that Walk-in centers have such limited hours/locations which makes it hard for members to seek treatment * Jodi Collins pointed out that some education around Walk-in Clinics would be beneficial especially seeing that the high volume of ER utilization is during the week. * Kim Vigue asked the out of pocket costs to members for Walk-in to which Jodi Collins said it is $25 and an emergency room visit is $300 out of pocket. |  |
| a.ii. Aetna Medicare Advantage Plan- Sabrina DeGuzman-Simmons | Information contained in written report; highlights and discussion noted below:  Medicare Case management and Medicare Disease management are trending higher than 2016  Wanita Page asked for percentages from ACO’s engagement rate to compare  Trending design has changed which increased the costs to members  They are working on keeping members in care longer to try to discourage reentry  Plan updates for 2018: Aetna Medicare Microsite to launch December 1, 2017; $500 hearing reimbursement every 36 months; Drug look-up tool  Meals on Wheels America and Aetna are collaborating on a new national program to improve access to health and social services for seniors at all stages of medical needs- from preventive to post-hospital discharge. |  |
| a.iii. Plan Experience Summary/ Budget Review-*USI* | Discussion highlights below:   * Still waiting for some runout data from Aetna and updated data from Express Scripts * There was $16.5M in claims for September, going against $19M run out from Aetna * Expecting a deficit from the runout claims * Dental- paid $560,000 for October, collected $634,000 in premiums making it a 1% loss ratio |  |
| a.iv. 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:   * No questions or concerns from members * Wanita Page noted that we have already met 10 times this year * Thomas Record asked if the commission will still receive the monthly information if the meeting was canceled to which Chris Brawn confirmed it would still be sent out. | Lois Baxter made motion to cancel December’s meeting; Ellen Hughes seconded; no abstentions. Motion passed. |
| **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. Living Resources Program- Jim O’Connor  *(Provided in October and April)* | Formal report not due this month. |  |
| b.iii. Express Scripts- Sue Wolf, Bryan Hammons  *(Provided Biannually)* | Formal report not due this month. |  |
|  | V. Other Business |  |
| a. Tiering Presentation and Commission Discussion- *USI/Anthem* | * Tiering hospitals began in 2006 and primary care providers in 2007 * Hospital and Primary Care Provider tiering was initially based on early developed Pathways to Excellence (PTE) * Today all hospitals are a tier 1 * Tiering programs have contributed to major improvements in Maine’s health care. Quality and safety are improving but could be better. * The purpose was to have patients pay for value not for service * Joyce Oreskovich asked why hospital ratings aren’t as solid. Burr said it is much more complicated with the type of variables and deciding what measurements are appropriate * Hospitals would say that the data is old and they have improved but it was difficult to measure that * Jean Wood from Anthem introduced the Enhanced Personal Health Care tool * Anthem has offered the service for 5 years in the State of Maine (SOM) * PCP focus: Set medical cost targets for them and develop quality score cards * Kelly John asked if the medical cost target discourages very sick patients from seeking further care: Jean Wood said they remove HC claimants * Kelly John asked how they determine the goals on the score cards with Jean Wood said it was based on the SOM * Amy Deschaines mentioned that a lot of components that Anthem uses for Quality and Cost measures is very similar to what USI had in their contract with several other ACO’s * Johnathan French asked if the total cost shows the members costs as well to which Jean Wood said it does, it is the TOTAL cost * Amy Deschaines asked if Anthem can determine referrals with their program which they can’t at this time * Preconditions are a huge factor * Jean Wood said the buy-in has been fair since they started it in late 2013; very few PCP in the SOM that don’t have it * Joyce Oreskovich asked about security around the information which Jean Wood said they have different access levels. Joyce Oreskovich also asked how she would know if her PCP is using it to which Jean Wood suggested asking them. * Kelly John asked if the PCP’s that are utilizing the program are preforming better to which Jean said they are * Thomas Record asked if the information is available if a carrier moves away from Anthem, Jean Wood said this is all claims based and they cannot input outside data * Wanita Page asked how to drive all PCP to use this, Burr Duryee said that all PCP do use a scoring matrix * Chris Brawn mentioned that this program exists currently and the SOM has access to this information already * Guiding Principles- Quality is #1 * Where does Anthem get there NCQA, HEDIS, EHRQ Nationally vetted standard? * Of the 95% of PCP engaged in Anthem’s tools, 40-50 of the panels achieving a cost savings. Quality is still a mix performance, moving in the right direction but still have improvements. * Kurt Caswell mentioned that at the end of 2018 the new HRMS will be able to support more than one health plan. * Wantia Page requested more information on the Center of Excellence, locations of standalone labs and a mapping of members. * Chris Brawn mentioned sending a letter to PCP’s letting them know they are freezing current tiering until the next plan year (July 2018) | Jodi Collins will follow-up with nurses to find out how they received the patients  Diane Bailey made a motion to freeze hospital tiering, Carrie Margrave seconded; no abstentions. Motion passed.  Lois Baxter made a motion to freeze PCP tiering starting January 2018 through July 2018, Lew Miller seconded; no abstentions. Motion passed.  Friendly Amendment to send out communications to PCP with explanations, excepted. |
| VI. Adjourn Meeting (10:45am) |  | Rob Omiecinski made a motion to adjourn the meeting; Carrie Margrave seconded. Motion passed and meeting adjourned. |

*2017 Meeting Schedule (invites to follow)*

* *December 14, 2017 (Cancelled)*