**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, May 10, 2018 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Jonathan French, Wanita Page, Cecile Champagne-Thompson, Kelly John, Lew Miller, Sandra Doyon, Becky Greene, Nickole Wesley, Carrie Margrave, Peter Marcellino, Kim Vigue, Ellen Hughes, Terry James

(total = 15)

Commission members absent: Eric Cioppa, Laurie Doucette, Robert Omiecinski, Will Towers, Amy MacMillan, Joyce Oreskovich, Derek Chase, Karen O’Connor

Others present: Kurt Caswell, Linsey Gervais, Heather Albert, Shonna Poulin-Gutierrez– Employee Health & Benefits; Sabrina Simmons, Joseph Bataguas, Sue Guerette– Aetna; Burr Duryee– USI; Lisa Lagios, Jean Wood, Bill Whitmore– Anthem Blue Cross and Blue Shield; Thomas Record – State of Maine, Bureau of Insurance; Lisa Nolan, Max Knutsen- Maine Health; Alan Parks- Alliant Insurance Services; Laura Robert- Sun Life Financial; Holly Pomelow- Bureau of Human Resources; Marie Bridges- Northeast Delta Dental; Sue Wolf, Bryan Hammons- Express Scripts

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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** (April 12, 2018) |  | Lois Baxter made motion to accept the minutes; Sandy Doyon seconded; no abstentions. Motion passed.  |
| **IVa. UPDATES-MONTHLY** |
| a.i. Anthem Implantation/ Claims Update- *Bill Whitmore* | Information contained in written report; highlights and discussion noted below:* Bill Whitmore introduced the SOM new account manager Lisa Lagios.
* Bill Whitmore provided medical claims from July through March.
* Medical claims totaled: $107,878,805.
* High Cost Claimants (HCC) consist of 363 members which totaled 37.8% of all costs to the plan.
* 58% of members had less than $1,000 in medical plan paid benefit coverage; 28.2% have between $1,000-$4,999; 10.1% had between $5,000-$24,999; 3.1% had between $25,000-$99,999 and 0.5% had $100K+ in the current period.
* Error on slide 5- $266,000 $199,000 prior month
* Total ER claims paid totaled $6,783,995, which was 6% of the total medical plan paid amount.
* The average ER visit cost was $1,168.
* 51% of the total ambulatory ER visits were potentially avoidable which cost the plan $2,134,761.
* Cancer costs are much higher than benchmark; Bill Whitmore mentioned this is an area he will look into.
* Engagement Summary for the Clinical population; 27,644 total membership: 5,547 identified for telephonic outreach: 879 enrolled: 641 engaged: and 79 graduated.
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| a.ii. Aetna Medicare Advantage Plan- Sabrina DeGuzman-Simmons | Information contained in written report; highlights and discussion noted below:There has been a 2.1% increase in membership with a total of slightly over 8K members.Total medical paid claims decreased almost 5%.Total medical pharmacy paid increased 13.7%.The number of High Cost Claimants with claims over $100k has decreased, the total paid has decreased by 2%.Sabrina Simmons mentioned that she will compare our numbers to government entities going forward to get a better understanding of where we stand rather than their entire book of business.7.8% of members were identified for case management, 81% of those Aetna reached engaged in case management which is below their book of business. If member declines healthy home visit Aetna begins the Health Risk Assessment outreach.New Medicare ID cards are being issued removing social security numbers and replacing with a Medicare Beneficiary Identifier.Wanita Page asked about new enrollees to which Sabrina Simmons said April 1 was the deadline for new cards being issued.Social Security said they will issue the cards “After June 2018”.Cecile Thompson asked if the application will be changing Sabrina Simmons said not until 2019.Wanita Page asked what communications have gone out to members about the new card- Sabrina Simmons said Medicare and Aetna both sent out communications to members educating them on the new cards. |   |
| a.iii. Plan Experience Summary/ Budget Review-*USI/ Burr Duryee* | Discussion highlights below:* Burr Duryee stated that medical and pharmacy claims had a jump for March.
* Waiting on the stop loss claims and Aetna reimbursement which will provide a surplus in the plan.
* Dental ran high for April; loss ratio was 106.7%. YTD the loss ratio is 105.5%.
* The dental stabilization fund is $-355,756 after April’s claims.
* Burr Duryee mentioned exploring some increases to start building up the stabilization fund.
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| 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:* Jonathan French asked about a listing for independent labs. Mentioned it is difficult to find a listing and asked about a communication plan for members. Kurt Caswell said Employee Health & Benefits is still trying to narrow those facilities down and will be posting to the website in late June once finalized.
* Heather Albert mentioned the listing is always changing and is hesitant posting the listing publicly- Anthem and the Benefit Specialists will have those listings so suggested urging members to call them.
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| Break 10:02-10:20 |  |  |
| **IVb. UPDATES – BIANNUAL** |
| b.i. Dental Plan Report-*Marie Bridges of Northeast Delta Dental* | Information contained in written report; highlights and discussion noted below:* Marie Bridges mentioned that there has been a multi-year rate hold on the dental plan (no premium increases for 3 years), it was talked last year about wanting to spend down the stabilization fund because it was so high.
* Marie said that NEDD typically likes to see the stabilization fund to have one month of fees.
* It was discussed that the committee will look at the dental plan financials around June to determine where it stands for next year.
* NEDD normally see a 2-4% increase in premiums each year from their book of business.
* Marie Bridges said that NEDD likes to see preventative claims by at 50% of the cost of the plan to which SOM is at 53%.
* 57.12% of claims are going through Premier Providers; 29.60% of members are using the State of Maine PPO and 13.27% are not going to a participating provider.
* In the last 12 months; 99% of members have access to an in-network dentist within a 20-mile radius.
* HOW enrollment is being highly utilized by SOM members.
* 2,807 members and dependents had their dentist log the results of their check-up. Several received additional enhanced benefits such as nutritional classes, additional cleanings, etc.
* Kim Vigue asked how members know about the HOW program- Marie Bridges said the dentist should be telling the members, some offices log everything whether they are asked or not.
* NEDD provides a free software program for dental offices to log the results. Marie Bridges said that only one self-insured group is not in the program.
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| b.ii. Employee Assistance Program Report- Jim O’Connor*(Provided in April and October)* | Formal report not due this month. |  |
| b.iii. Express Scripts- Sue Wolf, Bryan Hammons | Information contained in written report; highlights and discussion noted below:* Brian Hammonds spoke about gene therapy which is the intro or correction to a gene in the body that is causing disease.
* There is a new shingles vaccine, Shingrix. Brian Hammonds said that even if a member has gotten a different vaccine they should still get Shingrix. This vaccine is for the 50 and older population.
* 100% of Rite-Aid Pharmacies in Maine have converted to Walgreens membership, Express Scripts are working out the transactions directly with members as problems arise.
* Sue Wolf mentioned that the federal government does not allow safe harbor programs on Medicare or Medicaid plans.
* There is a patent protection for 8 years, when a product goes to market under FDA standards, once that has expired other manufactures can make “generics”.
* Brian Hammonds and Sue Wolf presented the plan performance snapshot for July 2017 through December 2017.
* Per member per month came in higher than one of ESI’s similar accounts.
* Sue Wolf mentioned that plan costs are up mostly since the average member on the plan is age 40.7.
* 19% of members are getting a 30 day supply rather than a 90 day which would be a significant savings to the member and the plan. Sue Wolf suggested more education to members around that cost savings.
* 38% of membership is spent on Specialty drugs.
* Wanita Page asked if ESI covers any infusions to which Brian Hammons said that is mostly done on the medical side.
* Market Events Protection Program starting July 1-

Enables rapid response to;* + Excessive price increases
	+ New generic launches
	+ Unwarranted price discrepancies
* Out of Pocket Protection Program starting July 1
	+ Mitigates impact of co-pay assistance on plan design
	+ Tracks copay assistance as secondary insurance at the specialty pharmacy
	+ Reports out on amount of assistance utilized by members
	+ Adjusts copay assistance amount from members accumulated out-of-pocket maximum
	+ Notifications sent to impacted members
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|  | V. Other Business |  |
| i. Non-Medicare Retiree Transition-*Burr Duryee (USI), Sabrina DeGuzman-Simmons (Aetna)* | Information contained in written report; highlights and discussion noted below:* Burr Duryee presented information on EH&B’s multi-phase approach to move members 65+ onto the Medicare Advantage plan.
* The focus group were members that are retired but still enrolled in the Non-Medicare Retiree Plan but are over 65 and not enrolled in Medicare. This targeted group has approximately 100 members.
* The approach:
	+ Retirees will need to enroll in Medicare Part B.
	+ EH&B will be reaching out directly to these members to communicate the enrollment process.
	+ Once the retirees enroll in Medicare Part B they will be subject to the premiums which will be funded by the SOM.
	+ Retirees will also be subject to the Late Enrollment Penalty (LEP) which will also be funded by the SOM.
* Retirees will receive plan enhancements for both Medical and Prescription with this transition.
* Cecile Thompson asked if there would be a cost to member for Medicare Part A, Sabrina Simmons said they would not enroll in Part A.
* SOM is trying to establish a relationship with Social Security, to do that there needs to be a minimum of 20 members on the plan. EH&B would prefund their plan every 3-6 months until we can be invoiced directly from Social Security.
* Cecile Thompson asked how the prefunding would work with the ancillary groups and Kurt Caswell said he would have to research and get back to her.
* The State’s estimated savings after funding the Part B premiums and LEP would be $566,000.
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| VII. Adjourn Meeting (10:54am) |  | Lois Baxter made motion to adjourn the meeting; Carrie Margrave seconded; no abstentions. Motion passed. |

*2018 Meeting Schedule*

* *June 14, 2018*
* *July 12, 2018*
* *August 9, 2018*
* *September 13, 2018*
* *October 11, 2018*
* *November 8, 2018*
* *December 13, 2018*