**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, September 13, 2018 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Kurt Caswell, Cecile Champagne-Thompson, Laurie Doucette, Darcey Emery (appointment pending), Jonathan French, Becky Greene, Terry James, Kelly John (via phone), Peter Marcellino, Lew Miller, Mara McGowen, Wanita Page, Holly Pomelow, Kim Vigue

(total = 16)

Commission members absent: Derek Chase, Eric Cioppa, Sandra Doyon, Karen O’Connor, Robert Omiecinski, Carrie Margrave, Amy MacMillan, Will Towers

Vacant seat(s): None

Others present: Joanne Rawlings-Sekunda – Maine Bureau of Insurance (Eric Cioppa’s designee); Roberta Leonard, Heather Albert, Shonna Poulin-Gutierrez – Employee Health & Benefits; Joseph Bataguas, Maria Laferriere – Aetna; Burr Duryee, Heidi Giroux – USI; Lisa Lagios, Jean Wood – Anthem Blue Cross and Blue Shield; Max Knutsen - Maine Health; Trevor Putnoky – Healthcare Purchaser Alliance of Maine; Marie Bridges – Northeast Delta Dental; Erica Brown – Medical Care Development; George Watts – Mercer; Alan Parks – Alliant Insurance Services

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| Agenda Item | Discussion | Action/Next Steps |
| **I. Call Meeting to Order (8:32am)** |  Wanita Page called the meeting to order. |  |
| **II. Introductions** | Welcome Darcey Emery who is replacing Nickole Wesley. |  |
| **III. Review & Approval of Minutes** (August 9, 2018) |  | Lois Baxter made motion to accept the minutes; Laurie Doucette seconded; no abstentions. Motion passed.  |
| **IVa. UPDATES-MONTHLY** |
| a.i. State of Maine Health Plan (medical update)*Anthem Blue Cross & Blue Shield - Lisa Lagios* | Information contained in written report; highlights and discussion noted below:* Executive Summary (8/1/17-7/31/18): Rolling PMPM $435 active and $932 retiree; rolling claims $163M and total PMPM $497.
* High Cost Claimants (over $50k): Paid over $70M; 586 members (160 retiree members). Kurt Caswell asked if claims can be identified as a result of hospital infections.
* Paid Claims Distribution: 3,479 members who have not filed a medical claim. 50% of members have claims less than $1,000. 1% membership makes up 28% of claims cost. Consistent with Anthem’s book of business (“BoB”).
* Top 10 Facility Providers: St. Joseph’s replaced Children’s Hospital this month.
* Emergency Room: $9.8M in E/R charges or 6% of total medical. Consistent with BoB. There were 5,978 E/R visits of which 598 were admitted; consistent with other clients. 51% potentially avoidable (low intensity). Lois Baxter asked how many of those 51% who had access to an alternative provider. Per Lisa Lagios, most members do however the time of day is not captured on the claim (to know when a walk-in clinic isn’t open for example).
* Targeted Health Conditions: Added PMPM comparison to Anthem and Maine’s Bob.
* Engagement Summary: 14% of membership identified, 20% of those engaged, 64% engagement success (above Anthem’s average).
* Lifestyle Conditions (new data): Claims attributed to specific lifestyle (e.g. diet, exercise, tobacco, obesity). Lois Baxter asked about the correlation between lifestyle and breast cancer; Jean Wood noted the consideration of members obtaining regular screenings for earlier diagnosis.
* Preventive Screenings (new data): Adult well-visits & cancer screenings higher than benchmark with the exception of cervical cancer screenings.
* Joanne Rawlings-Sekunda asked for an update on the renewal/accumulator/claims reprocessing. Per Lisa Lagios there are three outstanding claims to manually reprocess. They are now working on member communications.
 | Lisa Lagios will research claims resulting from hospital infections. Typically, “never events” are not paid for.Bill Whitmore suggested they (Anthem) run this risk formula among their BOB. Kurt Caswell requested a risk score on the targeted health conditions; Lisa will provide that. **This item remains pending from the June 2018 meeting.**Lisa Lagios will research cancer PMPM in response to Eric Cioppa’s question from the **July 2018 meeting**. *August response: Only preliminary findings available. Looking at regional pricing (north vs. south), age of population, site of care for infusion (out-patient vs. in-patient), facility mix, cost for biologicals, types of cancer, comparing SOM population to BoB, specialist spend. Breast, prostate & colorectal are top for State Plan; will compare to BoB. Also looking at breast reconstructive surgery. Noted prevalence is lower however PMPM is higher. Will provide more detail for future meeting.*  |
| a.ii. Medicare Advantage Plan*Aetna – Joe Bataguas* | Information contained in written report; highlights and discussion noted below:Call Summary: Consistent.Executive Summary - Medical: Joe Bataguas clarified that the data presented is for the current calendar year through July 2018. Joanne Rawlings-Sekunda asked about the 14.8% increase in pharmacy. Per Burr Duryee, this is consistent with overall pharmacy trends.High Cost Claimants Over $75k: Two new members. Cancer is prevalent. Top 10 Diseases by Paid Amount: Consistent.Medical Cost Category: Identical to last month (June data).Top 10 Providers: Consistent. Executive Summary (Part D) Pharmacy: Not providedTop Drug Report (by cost): Not providedClinical Executive Summary: Not providedMember News: Medicare Diabetes Prevention Program (targeted mailing). Wanita Paged asked what the letters say. Per Joe Bataguas the letter provides prediabetes & Type 2 awareness and encourages member to connect with their provider. | Heather Albert to request copies of the member mailings and forward to the Commission.Joe Bataguas and Sabrina Simmons will provide more information regarding the increase in pharmacy at the October meeting.Sabrina Simmons to provide additional information regarding the high-cost claimants. This item is outstanding from the August meeting. Sabrina Simmons will provide a break-down of locations of Healthy Home Visits. This item is outstanding from the August meeting. |
| a.iii. Plan Experience Summary (active health & dental)*USI - Burr Duryee* | Burr Duryee handed out the standard monthly reports: Policy Period Monthly Claims Report – Medical/Rx/Behavioral, Enrollment, Fixed Costs & Expected Claim Calculation and two dental Policy Period Monthly Claims Reports (current period and year end). Discussion highlights below:* Medical Budget to actual (policy period): Actual vs. budget 96.8% for July ($600k surplus). Rx spend 24% of claims. ESI rebate coming soon.
* Recap of FY18: 99.8% actual v budget; w/ rebates 97.7%
* Medical Enrollment (policy period): Majority of policies (61%) are single policy holders.
* Dental: Noted the need to look at stabilization fund.
 | Burr will gather the HOW program and its impact (if any) on the stabilization fund as requested by Karen O’Connor. **This item is outstanding from the June 2018 meeting.** *September response: See Dental Plan review and discussion below.*  |
| a.iv. Executive Summary*Employee Health & Benefits – Kurt Caswell* | The Executive Summary report was provided to the Commission via e-mail prior to the meeting. Discussion highlights below:* MA Plan renewal rates proposed (additional handout provided). The Commission was presented with two options to consider since the Health Insurer Fee (“HIF”) was removed for 2019. The status of the HIF is currently unknown for the future. Lew Miller asked why the HIF was removed for 2019. Per Joe Bataguas the HIF was written out of law for 2019; it is written into the budget for 2020 however that has not been approved. Per Burr Duryee, HIF will likely remain. The two proposals included smoothed vs. unsmoothed rates. Smoothed rates lessen the impact of substantial premium increases in the future by spreading the increase over multiple years. Lois Baxter noted this only impacts those members who pay a premium. Plan design may still need to be adjusted per Kurt Caswell.
* Centers of Excellence (“COE”): Kurt Caswell proposed adding this benefit to the State of Maine Health Plan effective January 1, 2019 for knee and hip replacement and bariatric surgery. Kurt reviewed the criteria for providers to be considered a COE (Anthem’s Blue Distinction Plus (“BDP”) designation and Leapfrog grade of B or better). Wanita Page asked what happens if the Leapfrog grade goes down. Per Kurt, the provider would be put on notice for 6 months; if the grade doesn’t resume to a B or higher then they’re no longer considered a COE. Joanne Rawlings-Sekunda asked what the benefit would be from a member’s perspective. Per Kurt, there would be no member cost share. Joanne asked what BDP distinction was based on. Per Jean Wood, the Anthem program has been in effect for at least 3 years and it is based on standard quality metrics directly related to services being rendered. The “plus” adds another layer of criteria related to the cost for services. Jean noted the information is available on the Anthem website. Joanne asked if there would be COE’s out of state. Per Kurt, we are starting with Maine & NH. (BDP is nationwide.) Per Jean, this is a lot to manage factoring the two ratings (Anthem’s and Leapfrog’s). Wanita Page if this will be billed as a bundled rate; per Kurt, not yet. Wanita asked who is considered a COE; see list in Executive Summary for each service.
 | Lois Baxter made a motion to accept the proposed smoothed rates (option 2); Lew Miller seconded. No further discussion. Motion passed.Lois Baxter made a motion to add the benefit for Centers of Excellence as proposed; Laurie Doucette seconded. No additional discussion. Motion passed. |
| **IVb. UPDATES – BIANNUAL** |
| b.i. Dental Plan*Northeast Delta Dental – Marie Bridges**(Provided in March & September)* | Marie Bridges handed out a packet of several reports. Discussion highlights below:* Cost Experience Report: Current balance ($123k). Plan added coverage for posterior composites in 2016 which are double the cost of silver fillings. Wanita Page asked Marie Bridges to clarify the plan’s coverage for these services. This change generated resulted in a cost shift to the plan in order to spend down the stabilization fund at that time. They have seen a decline in in these services 2017. This will be monitored on-going. By November 30th they will have the full claims runout. Kurt Caswell asked what happens if this remains negative. Per Marie, it rolls year to year until the plan is terminated. Joanne Rawlings-Sekunda asked about overall claims trending upward. Marie agreed that they are.
* Claims Utilization report: Per Marie, ideal to have preventive at 50%; State plan at 50.2%. Year-to-year comparison; membership is down and claims are up. Wanita Pages asked if root canals are included in endodontics. Per Marie, they are. Periodontics is different. Root canal falls under coverage B (“basic”).
* Network Utilization: Custom network 34.8% of claims, premier network is 53.4% of claims & nonparticipating is 11.7% of claims. There are 268 (up from 246 since May 2018 or 8.9% increase) dentists in PPO custom network & 583 in premier. Laurie Doucette asked where members can find a list of dentists; Marie referred to NEDD website (provider look up tool).
* HOW Program review: For caries, 3,456 went through the assessment; 2,766 eligible for enhanced benefits. For perio (gum disease) 2,303 members were assessed. Delta Dental analyzed increased claims to see if the HOW program had an impact. The increase in claims was not a direct result of the HOW program; it is the composite fillings. A copy of analysis available for Commission members who would like to view it. Joanne Rawlings-Sekunda asked how members find out about this program. Ideally the provider should mention it at the appointment; the member may also request the assessment.

Jonathan French asked if the Dental Action Report will be provided like it was last year. Per Marie, Delta Dental is phasing out this report and creating a new reporting package. Per Kurt, we will be looking at plan design for dental early next year.  | Heather Albert to confirm the link to the HOW program is on the new EH&B website.Marie Bridges will send the Dental Action Report to Kurt.  |
| b.ii. Living Resources Program – *ComPsych – Jim O’Connor**(Provided in April & October)* | Formal report not due this month. |  |
| b.iii. State of Maine Health Plan *Express Scripts, Inc. - Sue Wolf**(Provided in March & August)* | Formal report not due this month.  |  |
| *IVc. UPDATES – ANNUAL* |
| c.i. WellStarME*Medical Care Development – Erica Brown**(Provided in August)* | Formal report not due this month. |  |
| c.ii. Expert Medical Opinion*Grand Rounds – Kerryanne Shuler**(Provided in September)* | Agenda item moved to October. |  |
|  | ***V. Other Business*** |  |
| a. Health Plan Eligibility & Claims Audit*USI – Burr Duryee* | Information contained in Power Point Presentation. Discussion highlights below:* Review reasons why a medical claims audit is done, types of errors that can be discovered, how the audit is performed and post audit actions.
* Fee-based cost is more common. If approved, this would need to go out to RFP. Mara McGowen asked when the last claims audit done. None in recent memory however the dependent audit was done in 2011. (No records of a claims audit.) Mara also asked how often should these be done. Per Burr Duryee, claims audits are not frequent.
* No negative impact (e.g. collection) to plan members.
* Similar analysis was presented regarding a dependent eligibility. The audit conducted in 2011 identified approximately $1M in plan savings.
* Kurt Caswell noted that since the last audit, EH&B has been collecting dependent documentation.
* Wanita Page asked about the random audit vs. complete claims audit. Per Burr, complete claims audit recommended. Mara McGowen confirmed since we have never done one in recent memory. Per Burr, this will be outlined in the RFP process.
* Joanne Rawlings-Sekunda asked if we could utilize another State’s RFP as guidance; Kurt confirmed that we would.
* Per Kurt, the RFP will be structured in such a way that all options will remain open in regard to a bundled (one vendor) vs. independent approach within one RFP. Audits may be performed staggered or at the same time.
 | Terry James made a motion to conduct a full claims audit; Lois Baxter seconded. Motion passed.Laurie Doucette made a motion to conduct a dependent eligibility audit; Peter Marcellino seconded. Motion approved.  |
| VI. Meeting Recap | Kurt Caswell provided the meeting recap:* Claims data regarding infection rates
* Access to E/R alternatives
* Stress, anxiety & depression claims review
* Rx review for Medicare Advantage Plan
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| VII. Adjourn Meeting (11:00am) |  | Lois Baxter made motion to adjourn the meeting; Laurie Doucette seconded; no abstentions. Motion passed. |

*2018 Meeting Schedule*

* *November 8, 2018*
* *December 13, 2018*

*Note: 2019 meeting schedule available at* [www.maine.gov/bhr/oeh](http://www.maine.gov/bhr/oeh)