



Janet T. Mills
Governor

**STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061**

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, February 20, 2025 @ 8:30 am
Microsoft Teams Meeting**

45 Commerce Drive
Department of Labor Francis Perkins Conference Room
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Lois Baxter, Lynn Clark, Laurie Doucette, Michael Dunn, Jonathan French, Joan Hanscom, Christopher Ike, Rebekah Koroski, Danielle Murphy, Doris Parenteau, Shonna Poulin-Gutierrez, Heidi Pugliese, Joanne Rawlings–Sekunda, Kim Vigue, Frank Wiltuck and Nathaniel Zmek
(Total = 17)

Commission Members Absent: Claire Bell, Jenny Boyden, Cecile Champagne-Thompson, Kevin Dionne, Kelly John, and Chris Russell
Vacant Seat(s): 2

Others Present: Neva Parsons, Paige Lamarre, Emma-Lee St. Germain, Devon French, Charles Luce, Emily Charlton, and Nathan Morse – The Office of Employee Health, Wellness, and Workers’ Compensation; William Savage – Department of the Attorney General; Kimberly Jacques – Human Resources, Judicial Branch; Kevin Fenton and Sabrina DeGuzman Simmons – Aetna; Kristine Ossenfort, Becky Craigie, and Amanda Brown – Anthem Blue Cross and Blue Shield; Deborah Palma, Libby Arbour, and Kristin Poulin – MCD Global Health; Amy Deschaines, Terry LaMonica, Ken Ralff and Jacqueline Scherer – Lockton; Trevor Putnoky and Lisa Nolan – Health Purchasers Alliance, Avni Dosh and Brenden Horwitz – Capital Rx; Laura Robert – Sun Life

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:32 am)	Labor Member Jonathan French called the meeting to order.	
II. Introductions		
III. Review and Approval of Minutes (January 16th, 2025)		Labor Member Lois Baxter made a motion to approve the January 16 th , 2025, minutes. Labor Member Joan Hanscom seconded



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

the motion as amended. Motion approved.

IV. Recurring Monthly Business

a. Employee Health and Wellness Highlights - The Office of Employee Health, Wellness, and Workers' Compensation

Information contained in the written report; highlights, and discussion noted below:

Wellness Highlights –

- Living Resources Program (LRP): Living Resources Program requests have been coming in at an unprecedented rate. As of January 31, there are over 100 scheduled sessions for 2025. There was a 140% increase in training attendance in 2024 with 1,700 attendees in 2024 compared to 742 attendees in 2023. Strategies are underway with ComPsych to coordinate webinars and recorded sessions. Utilization rates of the Living Resources Program were 36.69% in 2024 compared to 26.07% in 2023.
- Virta Health: There were 357 total members enrolled in Virta Health, 37 of whom were enrolled in Type 2 Diabetes Reversal and 86 in the enrollment tunnel.
- 2025 Health Premium Credit: As of January 31, 2025, approximately 3,400 eligible members had completed the 2025 Health Premium Credit Program requirements.

Communications Highlights –

- Preparing for Digital Form Launch: The new online benefits are close to launch with an Enrollment/Change Form that will replace the current paper process. Training sessions and communications, to including details and instructions, will roll out before launch.
- Constant Contact: In January 2025, the following campaigns were sent to one or more of the State of Maine groups: Cervical Health Awareness (13,774 recipients; 53% Open Rate; 1% Click Rate), Financial Wellness Month (11,099 recipients; 51% Open Rate; 2% Click Rate), Silver Sneakers Promotion (690



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

	<p>recipients; 68% Open Rate; 15%), and Virta Health Promotion (13,734 recipients; 49% Open Rate; 1% Click Rate).</p> <p>Contracts –</p> <ul style="list-style-type: none"> • <u>Request for Proposal</u>: The Request for Proposal review is progress underway for Health and Welfare Benefits Consulting. 	
<p>b. Committee Updates</p>	<p>Labor Member, Jonathan French reported that the Legislative Committee and Plan Design Committee have meetings scheduled soon. A few committee vacancies have been filled, but there are still some outstanding openings. He asked that the members review the list of vacancies on the website. The Appeals Committee has one Management Member vacancy; the Finance Committee has one Management Member vacancy and one Labor Member vacancy; the Legislative Affairs Committee has one Management Member vacancy; and the Wellness Committee has one Management Member vacancy.</p> <p>Labor Member Jonathan French, who has emailed the chair of each committee to determine when meetings will be held. The Finance Committee should meet soon. The Appeals Committee meets based on the Health Credit Premium Program timeline. The Bylaws Committee should be held off until the Plan Design Committee work is completed. Committee reports will be presented at State Employees Health Commission meetings.</p>	<p>Management Member Frank Wiltuck will reach out to contact Devon French to schedule a Finance Committee meeting.</p>
<p>V. QUARTERLY PLAN UPDATES</p>		
<p>a. Medicare Advantage Plan – Aetna</p>	<p>Information contained in the written report, highlights, and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Your Member Demographics</u>: There are 9,103 members with an average age of 75.4. 49% of members were male, while 51% were female. • <u>Measures Showing Most Significant Change</u>: There was a 25.2% increase in Inpatient Admissions per 1,000; a 5.3% increase in Ambulatory Surgery per 1,000, and a 5.1% increase in total Medical/Pharmacy paid amount. There was a decrease of 6.6% in Emergency Room cases per 1,000; a 0.8% 	



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

decrease in total paid amount for Catastrophic claims, and a 3.7% decrease in Inpatient Surgery per 1,000.

- State of Maine Aetna Medicare Advantage Cost Results: The prior data period was November 1, 2022, through October 31, 2023, and the current data period is November 1, 2023, through October 31, 2024. Total Medical/Pharmacy had a 5.1% change; Total Pharmacy Paid Amount had a 0.1% change; Pharmacy Paid Amount Per Member had a -0.3% change; Total Medical Paid Amount had an 8.4% change; Medical Paid Amount Per Member had an 8.0% change; Inpatient Paid Amount Per Member had a 9.2% change; Ambulatory Paid Amount Per Member had a 7.5% change. The key takeaway is that Pharmacy paying is contributing to the overall spending.
- Utilization Results: A high-cost claimant is a member who has incurred \$75K+ in medical costs. There are 192 high-cost claimants, which is 21 claimants per 1,000. The average cost for each claimant is \$124,924 and this represents 25.5% of the total paid. The top spend for these claimants by diagnosis are Oncologic (30.6%), Cardiac (16.1%), Musculoskeletal (10.9%), Neurological (9.3%), and Injury/Poisoning (5.7%).
- Specialist and Primary Physician Office Visits: There was a 9.7% change in pay per visit for Specialist Physicians with a 0.4% change in the percentage of members with a Specialist visit. There was a 5.5% change in pay per visit to the Primary Physician with a -0.2% change in the percentage of members with a Primary visit. The top Specialist Physician Visits were Dermatology, Cardiovascular Disease, Ophthalmology, Urology and Orthopedic Surgery. The top Primary Physician visits by diagnosis were Unspecified Morbidity, Hypertension, Diabetes Mellitus, Neurologic Disorders – Other, and Skin Disorders – Other.
- Telemedicine: Telemedicine visits by medical cost category were as follows: 48% Specialist Physician, 34% Mental Health, 17% Primary Physician, and 1% Other. The top telehealth diagnosis group by visit, highest to lowest, was Depression, Anxiety/Personality/Eating/Other, Adjustment Reaction, Hypertension; Neurologic Disorders – Other; Bipolar Disorders; Lipid Disorders; Unspecified Morbidity; Viral Infections; and Diabetes Mellitus.



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

- Diagnostic Categories: The total across all diagnostic categories was \$30.6M Inpatient and \$71M Ambulatory.

Pharmacy Part D Plan Performance –

- State of Maine Aetna Part A & B Pharmacy Utilization: In 2024, there were 9,101 members enrolled, 9,073 members with claims, 2,805 members in the gap phase, and 633 members in the catastrophic phase. There were 232,813 scripts in that year, with 508,439 normalized scripts (30-day scripts). Generic utilization was 87.3%, and mail order utilization was 3.3%. In Specialty, there were 3,090 scripts, 4,034 normalized scripts, and 425 unique members.
- State of Maine Part A & B Top Prescription Drugs Filled: Top prescription drugs filled were Eliquis, Jardiance, Trulicity, Xarelto, Humira Pen Injection, Stelara Injection, Januvia, Trelegy, Abiraterone, and Dupixent Injection.
- State of Maine Aetna Part B Pharmacy Utilization: In 2024, there were 496 members enrolled. 475 were utilizing members. 130 members were in the gap phase while 18 members were in catastrophic phase. There were 10,237 scripts and 22,635 normalized scripts. Generic utilization was 87.5%, while mail order utilization was 4.2%. Specialty had 116 scripts, 172 normalized scripts, and 19 unique members.
- State of Maine Part B Top Prescription Drugs Filled: The top prescription drugs filled were Eliquis, Abiraterone, Lenalidomide, Skyrizi Pen Injection, Austedo, Humira, Jardiance, Ocrevus Injection, Teriflunomid, and Trulicity Injection.

Clinical Outcomes and Engagement –

- Two initiatives Prioritizing Member Health: The first initiative, Healthy Home Visits, an annual home visit available to all members with higher-risk members prioritized. In Q3 2024 there were 5,053 members contacted, with 1,477 visits completed. Of those visits, 1,140 were in-home and 337 were virtual. The second initiative, Health Risk Assessment, is an alternate annual survey to help



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

ensure accurate health status. In Q3 2024 1,857 members were contacted and 178 assessments were completed.

- Care Advocacy Supports Those Who Need It Most: In Q3 2024 7.9% of members were identified for case management. Of these, 10.8% declined and 37.4% were unreachable. Of those who were reached 82.8% engaged in case management.
- Your Program Results:
 - Silver Sneakers had 1,687 retirees enrolled; 23% of them visited gyms with an average of 7.2 visits per month.
 - The transportation results show that 122 retirees used rides and there were 365 total rides taken.
 - Meal Delivery saw 5,980 total meals delivered to 270 retirees.
 - Resources for Living made 68 connections for members to local resources.

Industry Updates –

- Medicare Part D, Inflation Reduction Act Possibilities Go-Forward: Areas which may see possible policy review/charge are drug pricing reform, coverage for anti-obesity medicines, the Medicare Prescription Payment Plan (MP3), Part D premium stabilization, Medicare Advantage program or payment changes, Prior Authorization requirements, and Center for Medicare & Medicaid Innovation demonstrations.
- Inflation Reduction Act Key Events: In August of 2024, the Department of Health & Human Services published the Maximum Fair Price for the first 10 Part D drugs selected for negotiation and January 2026 implementation. In January of 2025, the \$2K annual out of pocket maximum per member for Part D and the Medicare Prescriptions Payment Plan (MP3) began, and Health & Human Services announced 15 additional Part D drugs selected for negotiation with a January 2027 implementation.



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

2025 State of Maine Plan Benefit Update –

- 2025 Medicare Prescription Payment Plan (M3P): This plan is part of the Inflation Reduction Act as an option which must be available to all enrollees and provides an option for Plan D beneficiaries to pay their out-of-pocket costs monthly over the plan year. Logistically, pharmacies are notified when a member is likely to benefit from the program, the program is communicated to members, and members are enrolled. Members may be terminated from the plan for failure to pay. Currently there are two State of Maine opt-ins to the plan.
- 2025 Plan Benefit Updates:
 - Deductible increased from \$300 to \$350.
 - The Specialist Copay increased from \$25 to \$30.
 - The Inpatient Copay increased from \$0 to \$200.
 - The enhanced non-Medicare covered chiropractic decreased from unlimited to 24 visits per year.
 - The Emergency Room Copay increased from \$75 to \$100.
 - Changes in prescription drugs were a \$0 cost for Part D vaccines, a \$35 maximum cost share for formulary insulins, a \$2K out of pocket maximum, and the option to enroll in the Medicare Prescription Payment Plan was added.
- Supplemental Benefit Changes for 2025:
 - There is a hearing aid benefit through NationsHearing for hearing aid evaluation and fitting for \$0 copay, and up to \$6K to cover hearing aids every 36 months.
 - Members are now eligible for up to 28 meals after an inpatient hospital stay which are delivered to the home.
 - The Over the Counter (OTC) benefit allows for up to \$45 per quarter on approved health and wellness products with no out of pocket pay.

b. State of Maine Health Plan – Medical Update - Anthem

Information contained in written report; highlights and discussion noted below:

- Financials and Demographics: Data reflects the current period of January 2024 to December 2024. Employees comprised 56% of members with 65% of paid

Labor Member, Jonathan French asks whether any group which heavily incentivizes wellness visits has seen any drastic decrease in



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

amount. Spouses were 15% of members with 21% of paid amount. Children were 29% of members with 14% of paid amount.

- Enrollment: Membership increased 0.9% in the current period. The average age was 38.9 compared to 37.3 for benchmark.
- Executive Summary (Medical):
 - The current period Per Member Per Month was an increase of 12.9% and a 26.9% increase in high-cost claimant Per Member Per Month. 31.5% of plan spend was from high-cost claimants and total spend was \$205M.
 - The top three conditions are Cancer at 11%, Circulatory at 10%, and Health Status at 9%. This constitutes 31% of plan spend from these three conditions.
 - For members, 41.8% were impacted by Chronic Conditions, and 23.3% had Behavioral Health claims.
 - Primary Care Physician visits were made by 76.1% of members, while 59.4% completed Adult Wellness Compliance.
 - The December 2024 medical spend was \$18.7M, a 9.4% decrease from November. The Q4 2024 medical spend was \$54.5M, up 5.4% from Q3 2024. Current plan year to date medical spend was \$106.1M, a 13% increase from prior plan year to date and rolling 12 months current medical spend was \$205.3M, up 14% from prior period.
- Insights on Medical Trend:
 - Total medical Per Member Per Month increased by 13% (\$76 Per Member Per Month increase) in the current period.
 - The State of Maine Per Member Per Month rose by 12.9% compared to a benchmark of 11%.
 - A 7.5% increase in non-high-cost claimant Per Member Per Month and a 26.9% increase in high-cost claimant Per Member Per Month drove the trend.
 - The top five conditions driving the trend were Circulatory, Behavioral Health, Genitourinary, Digestive and Cancer.

chronic conditions or general wellness; if so, can this be translated to financial impact; and has incentivizing wellness visits been explored in plan design?

Anthem states it may take years to see improvements and no connections can be drawn at this point.

Lockton responds, they will work with the Precision Health representative assigned to the State of Maine to pull together relevant data on these questions.



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

- Place of Service:
 - At \$45.3M Inpatient was 22.1% of total spend with a \$147 Per Member Per Month. Circulatory System was the highest spend condition category for Inpatient.
 - At \$79.9M Outpatient was 38.9% of total spend with a \$258 Per Member Per Month. Cancer was the highest spend condition category for Outpatient.
 - At \$16.9M Emergency was 8.2% of total spend with a \$55 Per Member Per Month.
 - At \$63.1M Professional was 30.8% of total spend with a \$204 Per Member Per Month.
- Non-High Cost Claimant Top 5 Health Condition Categories:

The top 5 health conditions for non-high cost claimants were Health Status with 20,248 claimants at \$17.5M, Musculoskeletal with 9,1040 claimants at \$15.2M, Digestive with 3,720 claimants at \$14M, Ill-Defined Conditions with 10,946 claimants at 12.7M, and Behavioral Health with 6,693 claimants at \$11.8M.
- Chronic Lifestyle Conditions: Many chronic conditions may be preventable or treatable with lifestyle modification. Obesity had the highest prevalence rate and was the top rising condition followed by Hypertension, Low Back Pain, Diabetes, Asthma and Cancer. Low Back Pain was the top falling chronic condition.
- High-Cost Claimants (Medical): There are 320 high-cost claimants accounting for 1.1% of members and 31.5% of spend and the Per Member Per Month cost for this group has increased by 27%. The top 5 high-cost claimant health conditions are Cancer, Circulatory, Digestive, Nervous and Infectious/Parasitic.
- Behavioral Health Details: There are 6,804 Behavioral Health claimants, constituting 23.3% of plan members. The paid Per Member Per Month trend is an increase of 35%.
- Behavioral Health Comorbidities: 51.9% of members with a Behavioral Health diagnosis have at least one other chronic condition. Patients with medical and



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

a Behavioral condition comorbidity cost 2 to 5 times more and are less compliant with key condition management actions (medications, compliance, etc.). The top chronic conditions with Behavioral comorbidity are COPD, Asthma, Low Back Pain, Obesity, Transplant, Congestive Heart Failure and End Stage Renal Disease.

- Preventative Screenings: Prevention and well visits play a key role in the wellbeing of a population. Regular wellness checks and cancer screenings increase early detection, which is shown to improve outcomes and decrease illness severity and cost. Primary care relationships help promote preventive screenings. 59% of members had a wellness visit and 76% had a Primary Care Provider visit. Members without a Primary Care Provider had lower compliance rates for breast, cervical and colon cancer screenings.
- Traditional Engagement: Members should be encouraged to establish a Primary Care Provider relationship and health benefits available to members via engagement with a nurse should be communicated. The Anthem advocacy solution to support members for personalized care should be considered.

VI. SEMI-ANNUAL UPDATES

There are no semi-annual updates.

VII. Other Business

a. Open discussion

Labor Member, Danielle Murphy asked whether there’s a need to retain recordings of minutes. As she understood it, someone was supposed to speak to an Attorney General regarding this. **Management Member, Shonna Poulin-Gutierrez** responded that according to legislative language and guiding best practices, recordings do not need to be retained. She will research further and provide an update to the full group.



Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

Labor Member, Danielle Murphy asked what criteria Carrum Health utilizes to designate Centers of Excellence and whether updates have been provided for Plan Design purposes. **Management Member, Shonna Poulin-Gutierrez** responded that this had been a topic at the State Employee Health Commission Retreat but will take this as a follow up to provide more information.

General Reminders –

- The next plan design meeting is scheduled for Wednesday, February 26, 2025.

VIII. REQUEST MOTION TO ADJOURN

a. **VIII. Adjourn Meeting (10:11 am):**

Labor Member, Danielle Murphy made a motion to adjourn; **Management Member, Heidi Pugliese** seconded the motion. Motion passed.

2025 meeting schedule available at www.maine.gov/bhr/oeh