



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, May 15, 2025 @ 8:30am**

**Microsoft Teams Meeting**

45 Commerce Drive

Department of Labor Francis Perkins Conference Room

Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Lynn Clark, Danielle Murphy, Kevin Dionne, Laurie Doucette, Michael Dunn, Jonathan French, Joan Hanscom, Christopher Ike, Rebekah Koroski, Doris Parenteau, Shonna Poulin-Gutierrez, Kim Vigue, and Nathaniel Zmek.

(Total = 17)

Commission Members Absent: Jenny Boyden, Kelly John, Heidi Pugliese, Joanne Rawlings-Sekunda, Chris Russell and Frank Wiltuck.

Vacant Seat(s): 2

Others Present: Paige Lamarre, Emma-Lee St. Germain, Devon French, Roberta Dupont, Charles Luce, Rebecca Adams, and Nathan Morse – The Office of Employee Health, Wellness, and Workers' Compensation; Sabrina DeGuzman-Simmons and Kevin Fenton – Aetna; Becky Crague, Ann Rowles, and Kathryn Caiazzo – Anthem Blue Cross and Blue Shield; Libby Arbour and Kristin Poulin – MCD Global Health; Bridges – Northeast Delta Dental; Amy Deschaines, Katerina Norat, Ken Ralff, Ed Pierce, and Jacqueline Scherer – Lockton; Lisa Nolan – Health Purchasers Alliance; Avni Doshi, Allison Springer, and Brenden Horwitz – Capital Rx; Nicole Dyer – Maine Maritime Academy.

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:35 am)</b>	Labor Member, Jonathan French called the meeting to order.	
<b>II. Introductions</b>		
<b>III. Review and Approval of Minutes (April 17, 2025)</b>		Kevin Dionne made a motion to approve the April 17, 2025, minutes. Lois Baxter seconded the motion. Motion approved.



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**IV. Recurring Monthly Business**

**a. Employee Health and Wellness Highlights – The Office of Employee Health, Wellness, and Workers’ Compensation**

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

**Wellness Highlights –**

- 2025 Health Premium Credit Program (HPCP): There was a total of 7,340 subscribers who completed the Health Premium Credit, with 7,083 being primary subscribers and 257 dual contract employees.
- 2025 Bumper Crop Program: Subscribers on the State of Maine Health Plan as of July 1, 2025, will receive the 2025 Bumper Crop program brochure and \$30 worth of vouchers in the mail in July. The vouchers can be used at any participating farmers’ markets in Maine and will expire on March 31, 2026, to allow members to use vouchers at winter markets.

**Communications Highlights –**

- 2025 Health Premium Credit Program (HPCP): A home mailer and two emails were distributed in April to promote the deadline for the 2025 Health Premium Credit Program and the appeal form has been added to the State of Maine website.
- Annual Open Enrollment: A flyer about the annual open enrollment was created and distributed to Human Resources promoting open enrollment dates and answers to frequently asked questions. The website was updated with upcoming plan changes and premiums.
- Upcoming Capital Rx Communications: Letters announcing the transition to Costco as the mail order and specialty pharmacy vendor will be sent to impacted members, along with a magnet that includes a QR code link to resources. Glucagon-like peptide-1 (GLP-1) prescription fills will be limited through real pharmacy, and those used for weight-loss or other expanded indications will have a 30-day supply limit. Impacted members will receive a letter.



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**Communication Highlights –**

- Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups: Stress Awareness Month (14,361 Recipients, 51% Open Rate, 1% Click Rate), Virta Health Promotion (14,205 Recipients, 41% Open Rate, 1% Click Rate), 2025 Health Premium Credit Program (11,464 Recipients, 53% Open Rate, 4% Click Rate), Lab and Imaging Facility Listings (14,130 Recipients, 55% Open Rate, 6% Click Rate). The Book of Business Open Rate is 50% and the Book of Business Click Rate is 3%.

**General Reminders –**

- The Office of Employee Health, Wellness and Workers' Compensation has recently filled all three Benefits Specialists vacancies.
- Annual Open Enrollment for health, dental and vision takes place May 9 to May 23.
- New hires will now enroll in benefits using the new Benefits Enrollment/Change form.

**b. Committee Updates - Chair**

**By-Law Committee -**

- Jonathan French states that the By-Law Committee conducted an introductory meeting to discuss by-laws. There have been statute changes and procedure changes that will be addressed in the upcoming meeting.
- The next meeting will be held in June.

**Legislative Committee -**

- 1502 – An Act to Update to Requirements for Health Insurance Coverage of Prostate Cancer screening.
  - Work session scheduled for 5/15/2025.
- 1530 – An Act to Improve the Sustainability of Emergency Medical Services in Maine.



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- Work Session scheduled for 5/15/2025.
- LD 1687 – An Act to Clarify and Increase Access to HIV Prevention.
  - Out to pass as amended.
- LD 1785 – An Act to Encourage Competition by Requiring Independent Health Care Provider Cost-of-Living Adjustments in Health Insurance Contracts.
  - Work session scheduled for 5/15/2025.
- LD 1496 – An Act to Ensure Ongoing Access to Medication and Care for Chronic Conditions and Conditions Requiring Long-Term Care by Changing Requirements for Prior Authorization.
  - Coted out to pass as amended: 8-4.

**Wellness Committee -**

- Jonthan French states that the Wellness Committee conducted an introductory meeting and discussed several wellness topics such as Virta Health, the Wellness Ambassador Network, and the available lunch and learns.
- They discussed future topics that they wish to cover through the rest of the meetings this year.

***V. QUARTERLY PLAN UPDATES***

**a. Medicare Advantage Plan -  
Aetna**

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

- Your Member Demographics: Of the 9,113 members, 49% were male, 51% were female, and the average age of members was 75.4 years.
- Measures Showing Most Significant Change: Measures compare February 1, 2023, thorough January 31, 2024, with February 1, 2024, through January 31, 2025. There was a 33% increase in patient admissions per 1,000; an 8.6% decrease in ER cases per 1,000; a 2.9% increase in office visit utilization; an 8.6% decrease in patient surgery per 1,000; a 5.2% increase in ambulatory surgery per 1,000; and a 4.4% increase in total medical/pharmacy paid amount.
- State of Maine Aetna Medicare Advantage Cost Results: The key takeaway is that inpatient paid is contributing to the overall spend. The inpatient paid amount per member at \$3,541 is a 16% increase over the prior period amount per member of \$3,053.



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- Utilization Results: High-cost claimants (HCCs) have \$75K or more in medical costs. There are currently 195 high-cost claimants, a 10.8 increase over the prior year. There are 21.3 high-cost claimants per 1,000 members and the average cost is \$139,874, representing 24.4% of total paid. The top spend by diagnosis is Oncologic (32.2%), Cardiac (15.4%), Musculoskeletal (11.3%); Neurological (8.7%), and Injury/Poisoning (5.1%).
- Top Ten Medical Catastrophic Claims Over \$75,000: Inpatient cost was \$11,456,451 and Ambulatory was \$14,063,991. The total amount of \$25,520,442 is 16% higher than the prior year.
- Specialist and Primary Physician Office Visits: The top Specialist Physician visits were Dermatology, Cardiovascular Disease, Ophthalmology, Urology and Surgery-Orthopedic. The top Primary Physician visits by diagnosis were Unspecified Morbidity, Hypertension, Diabetes Mellitus, Neurologic Disorders – Other, and Skin Disorders – Other.
- Telemedicine: Top diagnosis groups by visit for Telemedicine were Depression, Anxiety/Personality/Eating/Other, Adjustment Reaction, Hypertension, Lipid Disorders, Neurologic Disorders – Other, Bipolar Disorders, Unspecified Morbidity, Diabetes Mellitus, and Viral Infections. Of Telemedicine visits by medical cost category, 39% were with Specialist Physicians, 15% were with Primary Physicians, 35% were Mental Health visits, and All Other visits were 15%.
- Diagnostic Categories: The total paid of Inpatient diagnostic categories was \$32,267,055 while total cost of Ambulatory was \$72,450,943 for a grand total of \$104,717,998.

**Pharmacy Part D Plan Performance –**

- State of Maine Aetna Part A and B Pharmacy Utilization: In the first quarter of 2025, there were 9,104 members enrolled, 8,290 utilizing members with claims, 34 members in the catastrophic phase, and zero in gap phase. There were 57,381 scripts with normalized scripts at 126,248. Generic utilization was



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at 87.5% while mail order was at 3.3%. Specialty scripts were at 795 with 1,007 normalized scripts for 339 unique members.

- State of Maine Part A and B Top Prescription Drugs Filled: The top drugs filled were Eliquis, Jardiance, Trulicity Inj, Xarelto, Humira Pen Inj, Stelara Inj, Januvia, Trelegy, Abiraterone, and Dupixent Inj.
- State of Maine Aetna Part B Pharmacy Utilization: In the first quarter of 2025, there were 498 members enrolled, 432 utilizing members, 14 members in catastrophic phase, and zero members in gap phase. There were 2,547 scripts with normalized scripts at 5,669. Generic utilization was 87.7% and mail order utilization was 3.7%. Specialty scripts were 32 and normalized scripts at 42 for 14 unique members.
- State of Maine Part B Top Prescription Drugs Filled: The top drugs filled were Eliquis, Abiraterone, Lenalidomide, Skyrizi Pen Inj, Austedo, Humira, Jardiance, Ocrevus Inj, Terifluomid, and Trulicity Inj.

**Clinical Outcomes and Engagement –**

- Initiatives That Help Prioritize Your Retirees' Health: Annual Healthy Home Visits are available to all members with higher risk members prioritized. In the year ending 2024 there were 5,756 members contacted for a visit and 1,963 visits were completed. In-home visits totaled 1,458 while virtual visits numbered 505. Health Risk Assessments are alternate annual surveys helping to ensure accurate health status. In the year ending 2024 there were 2,105 members contacted with 224 assessments completed.
- Your program results: SilverSneakers had 2,010 retirees enrolled with 22 retirees visiting the gym with an average of 7.1 visits per month. In Transportation, 169 retirees used rides for a total of 480 rides. Meal Delivery showed 357 retirees received meals with 7,918 total meals delivered. Resources for Living made 50 connections for enrollees to local resources.

**Industry Updates –**



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- Trump Administration Did Not Finalize Several Policies Proposed by the Biden Administration: Finalized policies for Medicare Advantage were Medical Loss Ratio (MLR), Behavioral Health, Guardrails for Artificial Intelligence (AI) and Provider Directories while unfinalized policies were Supplemental Benefits, Dual-Eligible Special Needs Plans (D-SNPs) and Prior Authorization Utilization Management. Finalized policies for Part D were Codification of certain Inflation Reduction Act guidance and policy changes, Submission timeframes for Prescription Drug Event (PDE) records; unfinalized policies were Coverage of anti-obesity medicines, and Pharmacy network contracting. The finalized policy in Medicare Advantage and Part D was Star Ratings. Unfinalized policies were Vertical integration, Marketing and Communications, and Health Equity Index (HEI).
- CY 2026 Rule Medicare Advantage Provisions: Notable provisions finalized as proposed were new requirements for Dual-Eligible Special Needs Plans (D-SNPs), enrollee protections in inpatient settings, and a list of “non-primarily health related items or services” that may not be offered as Special Supplemental Benefits for the Chronically Ill (SSBCI).
- CY 2026 Rule Part D Provisions: Provisions finalized as proposed are Medicare Prescription Payment Plan requirements, Vaccine and Insulin Cost-Sharing Caps, Medicare Transaction Facilitator Requirements, and Prescription Drug Event (PDE) Submission Timelines.
- 2026 Selected Drugs Highlights: The 10 Medicare Part D drugs selected for 2026 are Eliquis, Jardiance, Xrelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara and Fiasp/NovoLog. The deductible will be \$615 with an annual out-of-pocket spending threshold of \$2,100.

**2025 Member Communication –**

- 2025 Next Best Actions Campaign: The Healthy Home Visit Book Now campaign encourages members to become actively involved with their health by scheduling a visit. Hearing Loss Treatment will reach out to educate members on the importance of hearing health, the impact on overall health and encouraging regular hearing check-ups. The Sleep Apnea Campaign is



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	<p>intended for Medicare members diagnosed with obstructive sleep apnea (OSA) with outreach by email, text and the landing page of the microsite. Cardiac Rehab is an educational campaign targeted to members with a recent cardiovascular procedure or diagnosis, encouraging them to ask their doctor for a referral. Digital Health Management - Diabetes is a series of emails and text messages to members diagnosed with Diabetes with a variety of outreach approaches to drive behavior change.</p> <ul style="list-style-type: none"><li>• <u>2025 Plan Communication</u>: Communication topics include supplemental benefit changes for 2025, key changes for 2025 and information on value added programs.</li></ul>	
<b>b. State of Maine Health Plan - Medical Update - Anthem</b>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"><li>• <u>About Your Review</u>: The current period referenced in data is Paid April 2024 to March 2025 compared to the prior period of Paid April 2023 to March 2024. Per Member Per Month (PMPM) paid amount is the metric used throughout the analysis. Utilization per 1,000 metrics is annualized. Data includes both Medical and Specialty.</li><li>• <u>Financials and Demographics</u>: Employees account for 56% of total members, with 64% of paid amounts, while spouses are 15% of total members at a paid amount at 21%. Children make up 29% of members and have 15% of paid amount.</li><li>• <u>Enrollment</u>: Membership increased by 1.5% in the current period. Fifty-two percent of employees were female, and females were also 52% of total members. The average age of employees was 48.9 while the average age of total members was 38.9 years.</li><li>• <u>Executive Summary</u>: The current per member per month trend was an increase of 14.4%, while the High-Cost Claimant per member per month increased by 28.9%. The top three conditions accounting for 30% of spend were Cancer, Circulatory and Health Status. Chronic Conditions impact 41.7% of members, and 23.9% of members were impacted by Behavioral Health. Primary Care Physician visits were at 76.5% of members, while 60.0% of</li></ul>	<p>Olivia Alford states she would like to know more about what we are doing about the driving site of care for cancer services and whether we are missing out on incentives. Amy Deschaines responds that we have a partnership with Dana Farber Direct Connect, and they have a partnership with New England Cancer, we also have Carrum Health that offers cancer bundles. Olivia Alford responds and asks if there is more that we could be doing? Amy Deschaines responds that Lockton will give it more thought and will be prepared to bring more information to the next meeting.</p>





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members had Adult Wellness compliance. At \$16.4M, March 2025 saw a decrease of 16.4% medical spend from February 2025. Quarter 1 in 2025 was \$52.4M medical spend was down 3.9% in Quarter 4, 2024. The current year-to-date plan spend of \$158.5M was a 16% increase from the prior year, and the current period medical spend of \$212M was up 16% from the prior period.

- Insights on Medical Trend: Total medical per member per month increased by 14% in the current period, with high-cost claimants and Behavioral Health conditions as primary drivers. The State of Maine per member per month was up 14.4%. The top five health conditions contributing to trend were Behavioral Health at 21.1%, Genitourinary System at 1.5%, Circulatory System at 1.4%, Newborn at 1.3%. and Nervous System at 1.1%.
- Place of Service: Understanding the financial and utilization trends across settings of care and educating members on appropriate utilization can help shift spend toward more cost-efficient care. Inpatient at \$46.2M was 21.8% of total spend with a per member per month of \$148. Outpatient at \$82.1M was 38.7% of total spend with a per member per month of \$264. Emergency was 8.3% of total spend at \$17.6M and a per member per month of \$56. At \$66.1M, Professional was 31.2% of total spend with a per member per month of \$212.
- Top 5 Health Condition Categories: The number one condition is Cancer with 1,018 claimants with a per member per month cost of \$73 at a cost of \$22.7M, which is 11% of total spend. The number two condition is Circulatory with 4,433 claimants with a per member per month of \$68 at a cost of \$21.2M, which is 10% of total spend. The number three condition is Health Status with 20,643 claimants with a per member per month spend of \$64 at a cost of \$19.9M, which is 9% of total spend. The fourth condition is Digestive with 3,813 claimants with a per member per month of \$60 at a cost of \$18.7M, which is 9% of total spend. The fifth condition is Musculoskeletal with 9,319 claims with a per member per month of \$58 at a cost of \$17.9M, which is 8% of total spend.
- Non-High-Cost Claimant Top 5 Health Conditions: The number one non-high-cost claimant condition is Health Status is with 20,329 claimants at a per



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member per month of \$58 at a cost of \$18.1M. The number two condition is Musculoskeletal with 9,117 claimants at a per member per month of \$49 with a cost of \$15.3M. The third condition is Digestive with 3,666 claimants with a per member per month of \$46 for a total cost of \$14.4M. The fourth condition is Ill-Defined Conditions with 10,988 claimants at a per member per month of \$42 at a total cost of \$13.1M. The fifth condition is Behavioral Health with 6,889 claimants at a per member per month of \$40 at a total cost of \$12.4M.

- Potentially Impactable Conditions: Many chronic conditions may be preventable or treatable with lifestyle modifications that target healthy eating, exercise, and stress management. Over 29,000 members have at least one chronic/impactable condition and accounts for 41.7% of all members, while 21% of members have two or more chronic conditions. Condition prevalence of claimants per 1,000 from highest to lowest are Obesity, Hypertension, Low Back Pain, Diabetes, Asthma, and Cancer. Obesity is the top rising condition by prevalence while Chronic Obstructive Pulmonary Disorder (COPD) was the top falling condition by prevalence.
- High-Cost Claimants: The percentage of high-cost claimants increased to 1.2% from 1.0% in the prior period, while spend increased from 29.1% prior to the current 32.8%. High-cost claimant per member per month increased 29% with medical specialty drugs accounting for 17% of high-cost claimant spend. The top five health condition categories, by per member per month, are Cancer at \$68, Circulatory at \$47, Digestive at \$15, Infectious/Parasitic at \$13, and Nervous System at \$12.
- Behavioral Health Details: Paid per member per month increased 34.9% to \$49.38. There are 7,008 Behavioral Health claimants, which is 23.9% of membership, with 89% of these members with a Primary Care Physician visit. The percentage change of prevalence in claimants per 1,000 includes a 7.3% increase in Anxiety, a 4.6% increase in Depression, a 19.3% increase in Attention-deficit/hyperactivity disorder (ADHD). The spend change in per member per month increased 27.0% for Depression, 27.5% for Anxiety, and 32.4% for Alcohol and Drug.



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- Behavioral Health Metrics: Of those members with a Behavioral Health diagnosis 51.5% have at least one other chronic condition, and these members cost more and are less compliant with key condition management actions such as medication compliance. The top chronic conditions with a Behavioral Health Comorbidity are Chronic Obstructive Pulmonary Disorder (COPD), Asthma, Low Back Pain, Obesity, Transplant, Congestive Heart Failure, and Cancer.
- Preventive Screening: Prevention and well visits play a key role in the wellbeing of the population. Regular wellness checks and cancer screenings increase early detection which is shown to improve outcomes as well as decrease illness severity and cost. Primary care relationships help promote preventive screenings. Sixty percent of members had an adult wellness visit and 77% had a Primary Care Physician visit. Members without a Primary Care Physician have lower compliance for Cancer screenings.
- Traditional Engagement: Members should be encouraged to establish a Primary Care Physician relationship and receive communication regarding health benefits available via engagement with an Anthem nurse. The Anthem advocacy solution can be used to support members with personalized care.
- Top Ten In-Network Facility Providers: Of the top ten inpatient facility providers, Maine Medical Center was number one at \$18,790,937 with MMC Biddeford at number 10 with \$479,105. Of outpatient facilities, Eastern Maine Medical center was number one at \$13,178,189 and Aroostook Medical Center was number 10 at \$2,333,903.
- Top 20 Emergency Department Providers by Paid Amount: MaineGeneral Medical Center was number one with 1,260 emergency room visits for a total of \$3,321,032. Houlton Regional Hospital was number 20 with 104 emergency room visits for a total of \$190,070.

***VI. SEMI-ANNUAL UPDATES***



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**a. State of Maine Dental Plan –  
Northeast Delta Dental**

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

**Oral Wellness and Benefits Utilization: State of Maine –**

- Utilization Summary: The report period is May 1, 2025, to April 30, 2025, at which time there were 25,931 covered lives. Total claims paid was \$7,730,634 with an average enrollment of 13,705. The total number of claims was 52,815 with a \$564 claim cost per subscriber. The number of claims per subscriber were 3.85 with an average claim cost of \$146, and the average cost per employee per month was \$47.01.
- Claims Comparison Report: In the period from May 1, 2022, to April 30, 2023, total claims were \$6,989,822 with an average of 13,126 employees and an average cost per employee per month of \$44.38. From May 1, 2023, to April 30, 2024, total claims were \$7,361,512 with an average of 13,372 employees and an average cost per employee per month of \$45.88. For the period of May 1, 2024, to April 30, 2025, total claims were \$7,730,634 with an average of 13,705 employees and an average cost per employee per month of \$47.01.
- Claims Utilization: Subscribers had 56,021 procedures paid totaling \$4,331,772. Subscriber spouses had 17,395 procedures paid, totaling \$1,347,060 while subscriber dependents had 36,064 procedures paid totaling \$2,051,802. There were 109,480 total procedures paid for a grand total of \$7,730,634. Subscribers had 27,352 claims, which is 56.03% of total claims, with an average cost per claim of \$158.37, while subscriber spouses accounted for 17.42% of total claims with 9,038 claims at an average cost per claim of \$149.04. Dependent claims were 26.54% of total claims with 16,427 claims at an average cost per claim of \$124.90. The overall total number of claims was 52,817 with an average claim cost of \$146.37.
- Network Savings Report: Delta Dental Premier as in-network providers saw a 14.34% discount from provider's submitted claims for \$1,543,517 in savings, and the State of Maine Preferred Provider Organization (PPO) had a 40.40% discount from submitted for a savings of \$3,349,935. Total network savings were \$4,893,452.



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- Oral Wellness and Utilization Summary: Of total members, 8,664 or 38% were considered low risk, 4,751 or 21%, were considered moderate risk and 2,491, or 11%, were considered high risk. 6,723 members, or 30%, had no care. There were 10,063 HOW® (Health Through Oral Wellness) Clinical Risk Assessments performed. Of these, 9,383 qualified for the program, 680 did not qualify, and 12,566 had no assessment.
- Oral Wellness Overview: The 8,664 members at low risk received preventive services during the report period of May 1, 2024, to April 30, 2025. They had at least one routine cleaning and no restoratives. The 4,751 members at moderate risk received preventive services but also received one or more restorative procedures and/or periodontal maintenance. The 2,491 members at high risk received services for serious oral health conditions like periodontal disease and/or severe tooth decay. They typically show a lack of receiving preventive services. There were 6,723 members who received no care during the report period.
- Members' Oral Health by Age Group: Of the 254 members aged 0-3, 2% were high risk; of the 1,915 members aged 4-12, 7% were high risk; of the 2,202 members aged 13-19, 11% were high risk; of the 4,590 members aged 20-35, 17% were high risk; of the 11,948 members aged 36-64, 51% were high risk; and of the 1,720 member aged 65 and over, 11% were high risk.
- Member Oral Health Trends: Favorable trends showed 4,919 members were low risk for two years in a row; 619 members that were No Care last year are now Low Risk and 353 members who had No Care last year are now Moderate Risk. Unfavorable trends showed 4,099 members had No Care for two years in a row, 1,126 No Care members were new enrollees, and 547 No Care members were High Risk last year.
- No Care: From total membership, 6,723 members did not receive dental services in the report period. Of these, 3,590 or 53% were subscribers. Spouses accounted for 1,301, or 19% of members while dependents numbered 1,832, or 27% of members receiving no care. Members aged 36-64 were the largest group in No Care and males were slightly more numerous at 53% than females.



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- HOW® (Health Through Oral Wellness) Clinical Risk Assessments: The qualified conditions for the program are caries (tooth decay), periodontal (gum disease) or a combination of the two conditions. Of the 5465 subscribers assessed, 5,286 qualified. Spouse/Partner assessments were at 1,708 with 1,640 qualifying while 2890 dependents were assessed with 2,457 qualifying for the program. Members aged 36-64 has the greatest number of assessments at 5,469 as well as the greatest number qualifying for the program at 5,284.
- Qualified Members Receiving HOW® (Health Through Oral Wellness) Enhanced Benefits: Risk Scores are categorized by 1 at the lowest to 5 at the highest. Of the total 7,756 members receiving enhanced benefits, 115 were Risk Score 1; 171 were Risk Score 2; 366 were Risk Score 3; 512 were Risk Score 4; and 6,592 were Risk Score 5.
- Assessments, Risk and Severity: Oral Health Risk Assessments have increased from 8,019 in 2022 to 10,063 in 2025. In the same period, the Tooth Decay Risk Score rose from 4.3 to 4.5 while the Gum Disease Risk Score remained steady at 2.1. The Gum Disease Severity Score dropped to 12.5 in 2025 from 13.9 in 2022.
- By the Numbers: Of total claims received, 99.99% are processed in 10 working days with 100% accuracy. The average claims adjudication time in workdays is 0.81. The total customer service experience in years is 481 and the average speed of an answer is 31 seconds.

**VII. OTHER BUSINESS**

**a. Roll Call Process**

Roll Call Process:

- The co-chairs believe the way we have been conducting roll-call has been working well.
- If people are calling in or joining in person from the public and wish to not self-identify.

Meeting Recordings:



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><b>b. Health Commission Member Access to Vendor Contracts – Co-Chair</b></p> <p><b>c. Open Discussion</b></p>	<ul style="list-style-type: none"> <li>• We understand that the recordings need to be kept for a certain amount of time, but as a commission we do not need to record the meetings if we wish to discontinue that.</li> <li>• Anything said in the meeting is captured on the recording.</li> <li>• Kevin Dionne states he believes it is important to continue recording the meetings for record keeping.</li> <li>• Joan Hanscom states she will listen to the recording if she misses a meeting.</li> <li>• Danielle Murphy states she would like to keep the recordings.</li> <li>• Olivia Alford states it's important to have productive conversations and that she hopes people do not shy away from sharing their true thoughts.</li> <li>• Doris Parenteau states she thinks it's important to continue recording the meeting.</li> </ul> <p><u>Health Commission Members Access to Vendor Contracts:</u></p> <ul style="list-style-type: none"> <li>• Michael Dunn states they are working with the Attorney General's office to discuss that topic and get vendor contracts out.</li> </ul> <p><u>September Health Commission Date:</u></p> <ul style="list-style-type: none"> <li>• Jonathan French states we are looking to hold the September State Employee Health Commission meeting on Wednesday, September 17<sup>th</sup> due to an employee recognition day on the 18<sup>th</sup> of September.</li> </ul>	
<p><b>a. VIII. Adjourn Meeting (11:07 am)</b></p>		<p>Michael Dunn made a motion to adjourn; Kevin Dionne seconded the motion. Motion passed.</p>

2025 meeting schedule available at [www.maine.gov/bhr/oeh](http://www.maine.gov/bhr/oeh)