



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, October 16, 2025 @ 8:30am**

**Microsoft Teams Meeting**

45 Commerce Drive

Department of Public Safety Champlain A & B Conference Rooms

Augusta, ME 04330

Commission Members in Attendance Olivia Alford, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Michael Dunn, Jonathan French, Christopher Ike, Kelly John, Rebekah Koroski, Doris Parenteau, Shonna Poulin-Gutierrez, Joanne Rawlings–Sekunda, Kim Vigue, and Nathaniel Zmek.  
(Total = 14)

Commission Members Absent: Lynn Clark, Laurie Doucette, Joan Hanscom, Danielle Murphy, Heidi Pugliese and Frank Wiltuck.

Vacant Seat(s): 4

Others Present: Emma-Lee St. Germain, Devon French, Neva Parsons, and Nathan Morse – The Office of Employee Health, Wellness, and Workers’ Compensation; Sabrina DeGuzman-Simmons – Aetna; Becky Craigue, Kristine Ossenfort, Anne Rowles and Kathy Caiazzo – Anthem Blue Cross and Blue Shield; Marie Bridges – Northeast Delta Dental; Kristin Poulin and Lori Fecteau – MCD Global Health; Shamim Gillani – Carrum Health; Avni Dosh – Capital Rx; Kim Greenberg, Amanda McKenzie, Ken Ralff, Ed Pierce – Lockton; Trevor Putnoky and Lisa Nolan – Health Purchasers Alliance; Meg Garratt-Reed, Ceilidh Shea and Katherine Senechal – Office of Affordable Health Care.

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:30 am)</b>	<b>Labor Member, Jonathan French</b> called the meeting to order.	
<b>II. Introductions</b>		
<b>III. Review and Approval of Minutes (September 17, 2025)</b>		<b>Labor Member, Lois Baxter</b> made a motion to approve the September 17, 2025, minutes. <b>Labor Member, Rebekah Koroski</b> seconded the motion. <b>Labor Member, Doris Parenteau</b> and <b>Management</b>



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**Member, Olivia Alford** abstained.  
Motion approved.

**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 –**

- WellStarME – Health Premium Credit Program (HPCP) Survey: A survey was developed to gain insight into what drives members to complete, or fail to complete, the program requirements. The survey was tested at the Employee Recognition Day and received over 100 responses. Distribution of the survey to members was discussed by the State Employee Health Commission and a flyer with a QR code was developed. Wellness Ambassadors and State Employee Health Commission Wellness Committee members will assist in sharing the survey with the member population.
- Cancer Screening Study and Screening Initiative Kicks Off: A Cancer Cost Study is underway with the assistance of Lockton and the Healthcare Purchasers Alliance. Preliminary data on members’ screening rates for Colorectal, Breast, Cervical and Skin cancers is being reviewed with Health Purchasers Alliance assisting with claims data analysis and Lockton comparing State of Maine screening data to other plans/populations. Refining analysis and gathering additional data points are next steps with the goal of helping members eligible for these screenings navigate to sites of care with the least amount of friction possible.

**Communications Highlights –**

- 2026 Health Premium Credit Program (HPCP): A postcard and an email were distributed to all active employees in early September promoting the 2026 Health Premium Credit Program launch. Communications, which includes website updates and a Constant Contact email, will continue throughout the program year.



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- Vendor Engagement: Department of Administrative and Financial Services (DAFS) Day was held on September 18, and the following vendors attended the event: Anthem, Aetna, Capital Rx, Carrum Health, Corebridge Financial, Delta Dental, Empower, Hinge Health, Living Resources Program, Livongo, MaineGeneral Ergonomics, Osco Pharmacy, Voya and WellStarME.
- Constant Contact Metrics: The following campaigns have been sent to one or more of the State of Maine groups in September, 2025: Food Safety Month (14,522 Recipients, 50% Open Rate, 1% Click Rate), Healthy Aging Month (737 Recipients, 59% Open Rate, 2% Click Rate), 2026 Health Premium Credit Program Launch (11,885 Recipients, 53% Open Rate, 3% Click Rate), and Walk-In Center Promotion (14,522 Recipients, 35% Open Rate, 3% Click Rate). Please note that the Book of Business Open Rate is 50%, and the Book of Business Click Rate is 3%.

**General Reminders –**

- The transition to PRISM, the State of Maine’s new Human Resources Management System, is still in process and patience is appreciated as staff familiarize themselves with the new system.
- The second of two State Employee Health Commission Retreats for 2025 will be held at the Governor Hill Mansion on November 20.

**b. Committee Updates - Chair**

- The Wellness Committee met and discussed the Wellness Ambassador Network and the Wellness Wallet pilot program. A Wellness Wallet demo was presented. The WellStarME Health Premium Credit Program was also reviewed with the decrease in the program’s participation noted. WellStarME will distribute a member survey on the program, and the Wellness Committee is looking at potential strategies to increase participation. The Committee is also considering enlarging the Bumper Crop program to include retirees. Nathan Morse added that the Wellness Wallet enrollment is underway now. Jonathan French is the Chair of the Wellness Committee moving forward.



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- The Bylaws Committee met to review some selected bylaws and to discuss what constitutes a quorum for the larger Commission. The Committee continues to meet and should have proposals to bring to the Commission soon.
- Both Wellness and Bylaws Committees will meet again next month.

***V. QUARTERLY PLAN UPDATES***

**a. Healthcare Purchaser Alliance**

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

- Why Study Hospital Finances?: Hospital spend comprises approximately 50% of purchasers’ total healthcare spend and prices continue to outpace growth in the rest of the economy. According to the Consumer Price Index between January 2000 and June 2024 the cost of all goods and services increased 86.1% while the cost of medical care increased 121.3%. Understanding the financial performance of a health system is essential in pursuing strategies to reduce costs without imperiling the delivery system.
- The Project: In 2024 the Healthcare Purchasers’ Alliance (HPA) received a grant to better understand the financial health of Maine’s four largest health systems – MaineHealth, Northern Light, Central Maine Health Care, and MaineGeneral Health. Fourteen metrics of financial health were used as a framework for the analysis and finance teams from each health system provided prospective on overall financial health and the key factors driving financial performance, as well as challenges facing each system.
- The Measures: Financial measures covered five areas. Profitability is an evaluation of an organization’s financial health and performance. Liquidity ratios evaluate cash flow, affecting an organization’s ability to pay debt. Debt capacity and solvency ratios help assess a system’s ability to pay its debts and remain solvent. Adequacy of capital investment ratios are used to determine if a system is making investments in its buildings, medical equipment, technology and infrastructure at the rate of depreciation or better. Payer mix ratios show the share of net patient revenue derived from commercial payers, government sources and uncompensated care.



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**The Findings –**

- Overall, the analysis found that three of the four largest health systems in Maine face significant financial challenges. Northern Light, Central Maine and MaineGeneral all underperformed benchmarks. In several measures, such as Days Cash on Hand, they appear to be in the Vulnerable or Highly Vulnerable rating category.
- Despite recent declines in profitability, MaineHealth’s robust financial foundation, strategic capital investments, and resilience through the pandemic reflect a healthy organization with the ability to sustain operations through periods of economic uncertainty.
- Payer mix across all systems was comparable and within range of what experts consider acceptable (>45% from commercial payers and <20% from Medicaid). While the share of MaineCare patients increased after Medicaid expansion in 2020, this increase was coupled with a decrease in uncompensated care (charity care and bad debt).
- Despite the insistence that cost shifting drives commercial reimbursement rates (commercial purchasers pay higher prices to offset losses from public payers), multiple studies have found no correlation.
- Instead, the study found evidence that cross subsidization may contribute to high commercial prices.
- The Findings - Cross Subsidization: Health systems are often complex organizational structures comprised of many business units that transfer assets back and forth. Some entities run deficits, while others generate profit. Health system leadership noted in discussions that commercial hospital prices are often leveraged to subsidize unprofitable business lines elsewhere in the system, like behavioral health and long-term care. While certain service lines, like long-term care, are critical parts of Maine’s delivery system, they may be funded by commercial purchasers who rarely utilize them, in effect serving as a hidden tax on employers and commercially insured individuals.



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**The Findings: The Role of Efficiency –**

- While 3 of 4 health systems appear to be financially distressed, it cannot be concluded from the analysis that commercial rates must increase to cover shortfalls. Efficiency, or lack thereof, may be a significant factor in a system’s financial challenges.
- Unlike most industries, where efficiency means producing more with less, in health care it’s often defined as whether revenues can keep pace with costs. This inversion creates a false sense of stability even when expenses are growing beyond what communities can manage.
- No widely accepted efficiency measures for hospitals and health systems currently exist but states are beginning to develop them. In the interim, some hospital systems have undergone robust efficiency initiatives aimed at getting to break even on Medicare reimbursement.

**The Findings: System Highlights –**

- MaineHealth: Despite recent declines in profitability, MaineHealth outperformed many benchmarks and appears to possess sufficient financial resilience to overcome periods of lower profitability.
- Central Maine Health Care: Central’s financials reflect a system under financial pressure with weak profitability, limited liquidity and an urgent need for capital investment and strategic improvements.
- Northern Light: Northern Light’s financials reflect a system in a vulnerable position with low profitability, declining liquidity, concerning debt capacity and need for capital investment.
- MaineGeneral Health: MaineGeneral’s financials show low liquidity, high levels of debt and inconsistent results over the analysis period, suggesting a need for operational and financial performance improvements.



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	<p><b>Conclusion –</b></p> <ul style="list-style-type: none"> <li>• MaineHealth’s overall financial health significantly differs from the other systems. While the others struggle financially, MaineHealth compares favorably to the benchmark across many measures.</li> <li>• Commercial prices at hospitals are often more than sufficient to cover costs at those institutions, but dollars are often transferred into other parts of the system.</li> <li>• Strategies to improve health system efficiency will be critical in constraining prices. Without a concrete, measurable and effective efficiency strategy, hospital prices will continue to increase.</li> </ul>	
<p><b>b. Medicare Advantage Plan - Aetna</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Your Member Demographics</u>: There are 9,132 members with an average age of 75.5, with a gender distribution of 48.8% male and 51.2% female. The Aetna Book of Business has an average age of 75.9 with 42.4% male and 57.6% female.</li> <li>• <u>Utilization Executive Summary</u>: For the rolling 12 months between July 1, 2023, and June 31, 2024, inpatient admissions per 1,000 increased by 25.3%, non-acute admissions per 1,000 increased by 83.7%, medical paid amount for catastrophic claims increased by 6.4%, and office visits per 1,000 increased by 2.8%. In the same period, there was a 3.2% decrease in Emergency Room cases per 1,000 and a 21.9% decrease in non-acute length of stay.</li> <li>• <u>State of Maine Aetna Medicare Advantage Cost Results</u>: Total pharmacy paid amount was \$63K, an increase of 9.7% over the prior period while total medical paid was \$96M, a 14% increase. Inpatient paid amount per member increased by 23.5%. The key takeaway is that medical paid is contributing to the overall spend.</li> <li>• <u>Utilization Results</u>: High-cost claimants are members with \$75K or more in medical costs. There were 234 high-cost claimants in this period, which is a</li> </ul>	<p><b>Labor Member, Jonathan French</b> asked if the higher utilization trends in skilled nursing care noted in data compiled up to July of this year seem to be continuing to rise.</p> <p><b>Aetna responded</b> that because there’s a two-month lag in data, that trend would have to be researched and results brought back to answer this question.</p>



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30.7% increase over the prior period. Medical paid was \$31M, an increase of 46.8% with the average high-cost claimant amount increasing 12.3%. High-cost claimants represent 28.7% of total paid, which is a 6.4% increase. The top spend by diagnosis were Oncologic, Cardiac, Musculoskeletal, Neurological and Infectious Disease.

- Top 10 Medical Catastrophic Claims over \$75,000: The total amount of catastrophic claims was \$31,612,794, with Inpatient at \$13,963,580 and Ambulatory at \$17,649,214. Diagnoses included Cardiac Disorders, Oncologic Disorders, Neurologic Disorders, Infectious Disease and Rheumatologic Disorders.
- Telemedicine: Paid amount for Telemedicine was \$355K, a 25% increase over the prior period. There were 3,769 visits with a pay per visit of \$94. Visits by medical cost category were Specialist Physician at 46%, Mental Health at 40%, Primary Physician at 13%, and All Other at 1%. Top diagnosis groups by visits were Depression, Anxiety/Personality/Eating/Other, Adjustment Reaction, Hypertension, Neurologic Disorders-Other, Bipolar Disorders, Unspecified Morbidity, Lipid Disorders, Diabetes Mellitus, and Endocrine Disorders-Other.
- Specialist and Primary Physician Office Visits: There was an 8% increase in Specialist Physician office visits paid and a 4.1% increase in Specialist visits per 1,000 members. For Primary Physician visits, there was a 2.4% increase in paid per visit with a decrease of 2.9% for visits per 1,000 members. Top Specialist Physician visits by Specialty 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.
- Member Cost Share: For members in the current period there was a 14.4% increase in deductible, a 15.1% increase in copays, a decrease of 6.9% in coinsurance, a 13.5% increase in Member Paid Portion per member and a 14% increase in the Employer Plan Paid Portion.



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**Pharmacy Part D Plan Performance –**

- State of Maine Aetna Part A and Part B Pharmacy Utilization: In August 2025 there were 9,132 members enrolled, 8,823 utilizing members, and 1,619 members in catastrophic phase. Gap phase was not applicable. There were 157,344 scripts with 344,477 normalized scripts. Generic drug utilization was at 87.1% and mail order utilization was at 3.2%. There were 2,328 Specialty scripts, and 2,945 normalized Specialty scripts with 447 unique members.
- State of Maine Part A and B Top Prescriptions Drugs Filled: The top prescription drugs filled were Eliquis, Jardiance, Humira Pen Injection, Trulicity Injection, Mounjaro, Duxpixent Injection, Xarelto, Skyrizi Pen Injection, Ofev and Ozempic 2mg Injection.
- State of Maine Aetna Part B Pharmacy Utilization: In August 2025 there were 495 members enrolled, 467 utilizing members, 78 members in catastrophic phase, and gap phase was not applicable. There were 7,060 scripts, with 15,642 normalized scripts. Generic utilization was 87.3% and mail order utilization was 3.9%. For Specialty drugs, there were 107 scripts with 147 normalized scripts for 24 unique members.
- State of Maine Part B Top Prescription Drugs Filled: The top prescription drugs filled were Eliquis, Verzenio, Lenalidomide, Austedo, Humira, Jardiance, Abiraterone, Skyrizi Pen Injection, Trulicity Injection, Xtandi.

**Next Best Actions –**

- Gout Education: This education encourages members with chronic gout to adhere to their prescription medication and make lifestyle changes to better manage their condition and also provides a symptom tracker. Education is provided by direct mail, email, and text. October 29, 2025, is the expected launch date.
- Annual Checkup Medicare: This program educates Medicare members on the importance of an annual checkup with a primary care provider. The expected launch date is October 2025, via email and text.



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	<ul style="list-style-type: none"> <li>• <u>Colorectal Cancer At-Home Screening Kits Warming and Reminder Campaign 2025</u>: The goal is to encourage Medicare members to complete an at-home colorectal cancer screening kit, reduce member confusion about the kits, and identify any problems before symptoms appear. The warming campaign will go to members via email and text, while the reminder campaign, sent in multiple 2-week cadences, will go out via email and direct mail. October 22, 2025, is the expected launch date.</li> </ul>	
<p><b>c. State of Maine Health Plan – Medical Update – Anthem</b></p>	<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 reporting period for the review is paid September 2014 to August 2025, with the prior period being paid September 2023 to August 2024. High-cost claimants are those with paid claims at or over \$100K and Non-High-Cost Claimants are those with paid claims lower than \$100K.</li> <li>• <u>Financials and Demographics</u>: In August 2025, there were 14,870 subscribers and 26,494 members for a total paid of \$17.8M. Employees comprised 56% of members with 62.9% of paid amount while spouses were 15.5% of members with 21.4% of paid amount. Children were 15.7% of membership with 28.5% of paid amount.</li> <li>• <u>Enrollment</u>: Membership increased 2.2% in the current period with an average membership of 26,212. Of employee members, 52% were female with an average age of 48.7 and of total members, 52% were female with an average age of 38.8.</li> <li>• <u>Executive Summary (Medical)</u>: In the current period the total plan spend was \$216M with 32.5% of plan spend coming from high-cost claimants. The high-cost claimant per member per month increased by 17.3% and the current period per member per month is up 8.6%. Thirty percent of plan spend comes from the three top conditions of Cancer, Circulatory, and Health Status. Forty-two percent of members have chronic conditions, while 24.2% of members have behavioral health claims. 76.3% of members had a primary care physicians visit and 60.6% of members completed an adult wellness compliance.</li> </ul>	



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- Insights on Medical Trend: Total medical per member per month increased by 9% (a \$55 per member per month increase) in the current period. This was largely driven by increases in unit cost and utilization across multiple condition categories and settings of care. The State of Maine per member per month increased by 8.6% with high-cost claimants driving 52% of that trend. The top five health conditions driving the trend were Genitourinary System, Behavioral Health, Newborn, Health Status and Cancer.
- 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 care was \$47.3M with a per member per month of \$150 and Circulatory System as the highest spend condition. Outpatient was at \$82.2M with a \$261 per member per month and Cancer as the highest spend condition. Emergency had a \$56 per member per month for a spend of \$17.7M with Abdominal/Pelvic Pain, Throat/Chest Pain and Back Pain as the top diagnoses. Professional claims was at \$68.8M with a \$219 per member per month and Behavioral Health and Health Status were the highest spend condition categories.
- Potentially Impactable Conditions: Many chronic conditions may be preventable or treatable with lifestyle modification. Implementation of wellness initiatives or incentives that target healthy eating, exercise and stress management should be considered. Per 1,000 members, Obesity had 212 claimants, Hypertension had 207.7, Low Back Pain had 181.4, Diabetes had 90.6, Asthma had 83 and Cancer had 45.7. Obesity has the highest prevalence and 21% of members had 2 or more chronic conditions. The top rising condition was Obesity, and the top falling chronic condition was Low Back Pain.
- High-Cost Claimants: There are currently 324 high-cost claimants with 20% of these claimants being repeated high-cost claimants. They are 1.1% of members and 32.5% of spend. Medical Specialty drugs accounted for 16% of the high-cost claimant spend. The per member per month for these claimants has increased 5%, and the cost per claimant has increased 12%. The top five high-cost claimant condition categories per member per month are Cancer, Circulatory, Digestive, Infectious/Parasitic, and Nervous.



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- Preventive Screenings: Prevention and well visits play a key role in the wellbeing of your 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 to promote preventive screenings. Sixty-one percent of members had an adult wellness visit, 76% had a Primary Care Provider visit and members without a Primary Care Provider visit had lower compliance for cancer screenings.
- High Level Administrative Fees and Claims: In August 2025 Medical Claims were \$1.5M, Medical Administrative Fees were \$460K, Health and Wellness Fees were \$14K, State Surcharges and Fees were \$46K and Maine Guaranteed Access Reinsurance Association (MGARA) fees were \$16K.

**V. SEMI-ANNUAL UPDATE**

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

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

- Utilization Summary: The reporting period is October 1, 2024, to September 30, 2025. Total claims paid was \$7.6M, an increase of 2.75% over the previous period. The average enrollment was 13,865, which was a 2.87% increase. The total number of claims increased by 0.55% to 51,827. Claim costs per subscriber were 3.72, a decrease of 2.2%. The average cost per claim was \$147.59, an increase of 2.28% while the average cost per member per month was \$45.98, which was a 0.12% decrease.
- Claims Comparison Report: The claims total for October 1, 2022, to September 30, 2023, was \$7.2M for 13,243 employees with an average per member per month of \$45.55, while the claims total for October 1, 2023, to September 30, 2024, was \$7.4M for 13,478 employees with an average per member per month of \$46.03. In the current reporting period of October 1, 2024, to September 30, 2025, the claims total is \$7.6M for 13,865 employees with an average per member per month of \$45.98.
- Claims Utilization: Claims paid in the reporting period totaled \$7,649.387 for 108,725 procedures. Subscribers constituted 55.71% of the total for 26,733 claims at an average claim cost of \$159.39, spouses were 17.39% for 8,884



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claims at an average cost of \$149.77, and dependents were 26.9% for 16,210 claims at an average claim cost of \$147.59.

- Experience with Member Counts: Grand totals for the reporting period include 13,865 subscribers, 26,104 members, \$7,649,175 in paid claims, \$664,175 in admin billing for a total of \$8,313,563 billed. The total number of claims paid was 51,827.
- Network Utilization and Savings Report: Delta Dental Premier network claims paid was \$3.7M at 48.9% of total claims paid, with a 48.13% discount from submitted. State of Maine PPO network paid claims was \$3.1M and was 41.3% of total claims paid, with a 47.47% discount from submitted. Out of network claims paid was \$750K at 9.8% of total claims paid with a 55.05% discount on submitted.
- Network Savings Report: The network discount is the savings between the provider's submitted fee and Delta Dental's approved fee. Delta Dental network with a 14.1% discount from submitted had a discount of \$1.4M, and the State of Maine network with a 41.28% discount from submitted had a discount of \$3.5M. Total network savings was \$5M with a 26.23% discount from submitted.
- Oral Wellness and Utilization Summary: Of the 22,984 enrolled members, 38% were at low risk in their oral health, 21% were at moderate risk, 11% were high risk, and 30% had no care at all. A total of 10,346 members were assessed using the Health through Oral Wellness (HOW) Clinical Risk Assessments with 9,661 members qualifying for the services, and 685 not qualifying for the services. The remaining 12,638 did not have an assessment.
- Oral Wellness Overview: The overview looks at the 22,984 members continuously enrolled in the reporting period. Of these, 8,724, or 38%, were considered low risk; these members received preventive services with at least one preventive cleaning and no restorative procedures. There were 4,796 members, or 21%, at moderate risk; these members received preventive services as well as one or more restorative procedures and/or periodontal maintenance. There were 2,598 members, or 11%, considered high risk; these



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members received services for serious oral health conditions like periodontal disease and/or severe tooth decay and typically show a lack of preventive services. Finally, 6,866 members, or 30%, received no dental services during the report period.

- Members' Oral Health by Age Group: Age group 0-3 had 47% of members in no care category, 33% in low risk, 1% in moderate risk and 19% in high risk. Members aged 4-12 had 59% in low risk, 15% moderate risk, 11% high risk, and 16% in no care. Members aged 13-19 had 41% high risk, 24% moderate risk, 13% high risk and 22% with no care. Members aged 20-25 had 35% in low risk, 15% moderate, 10% high and 41% with no care. Age group 36-64 had 37% in low risk, 23% moderate, 11% high and 30% with no care. Members aged 65 and over had 29% low risk, 32% moderate, 15% high and 25% with no care.
- Member Oral Health Trends: Favorable trends included 5,064 members at Low Risk for two years in a row, 543 No Care members last year are now Low Risk, and 348 No Care members last year who are now at Moderate Risk. Unfavorable trends are 4,230 members with No Care for two years in a row, 1,124 No Care members who are new enrollees, and 530 No Care members that were at High-Risk last year.
- No Care: In the reporting period, 6,866 members received no dental services. Of these 3,690 were subscribers, 1,311 were spouses/partners, and 1,865 were dependents. Members aged 20-35 at 1,925 and members aged 36-64 at 3,581 were the majority of those with no services. Of the entire group, 51% were male, 46% were female, and 3% were unknown.
- Health through Oral Wellness (HOW) Clinical Risk Assessments: There were 685 Non-qualified Risk Assessments and 9,661 Qualified Risk Assessments. Of the Qualified Risk Assessments, 5,853 were for Caries (tooth decay), 449 were for Perio (gum disease), and 3,359 were for Caries and Perio.
- Qualified Members Receiving Health through Oral Wellness (HOW) Enhanced Benefits: There were 117 qualified members in the Risk Score 1 category, 185



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members in Risk Score 2, 362 in Risk Score 3, 503 in Risk Score 4 and 6,812 in Risk Score 5.

- By The Numbers: Of total claims, 82.45% of them are auto adjudicated (Drop to Pay) claims. Claims processing accuracy is 100% and 99.99% of claims are processed in 10 working days. Claims are 90.42% electronic and 9.58% paper and the adjudication time in workdays for the average claim is 0.80. Customer service representatives have 484 collective years of experience with an average speed of 24 seconds to answer a call, with 96.25% of issues are resolved in the first call.

**b. Carrum Health Program –  
Carrum Health**

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

**State of Maine and Carrum Health –**

- The program is designed for outpatient total hip/knee replacements which are mandatory to be performed through Carrum unless an exception is granted. Voluntary procedures include other musculoskeletal procedures and Bariatric, cardiac, and oncology treatments. Between July 2024 and June 2025 there have been 71 surgeries and 24 additional scheduled episodes of care (consults and surgeries), and 21 qualified members have been added. Highlights of the Carrum program are a 66 Net Promoter Score (NPS), positive savings, an expanded program to include oncology treatment and a post-surgery outreach campaign.
- Substance use disorder is a new area into which Carrum expanded in 2024. It's not yet a service line adopted by the State of Maine because Carrum wants to ensure there are adequate facilities within the state first. Carrum is in active implementation of a center of excellence for this service line in Portland which should be live by year's end and includes alcohol and opioid abuse treatment as well as treatment for cannabis, stimulants, sedatives and disassociates such as Ketamine.



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*

**VI. OTHER BUSINESS**

<p><b>a. Open Discussion</b></p>	<p><b>Anthem</b> reported that they are still in discussion with Northern Light on the contract with another session scheduled for tomorrow, working toward an agreement before the end of the month.</p> <p><b>Labor Member, Jonathan French</b> reported that Labor Member, Chris Russell has resigned and a replacement from Maine Turnpike is being appointed in his place in what will hopefully be a rapid transition. A vacancy in the MESA Administrative Unit remains, in addition to one for MSEA OMS Unit and one for Public Safety.</p> <p><b>Management Member, Shonna Poulin-Gutierrez</b> reminded the Commission that the upcoming SEHC Retreat on November 20 is in person. There is no virtual option.</p>	<p><b>Labor Member, Lois Baxter</b> made a motion to enter Executive Session. <b>Labor Member, Rebekah Koroski</b> seconded the motion. Executive Session started at 11:27 am and ended at 11:52 am.</p>
<p><b>VIII. Adjourn Meeting (11:56 am)</b></p>		<p><b>Labor Member, Lois Baxter</b> made a motion to adjourn. <b>Labor Member, Nathaniel Zmek</b> and <b>Management Member Cecile Champagne-Thompson</b> seconded the motion. Motion approved.</p>

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