



Janet T. Mills  
Governor

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

Jonathan French  
*Labor Co-Chair*

Heather Perreault  
*Management Co-Chair*

STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, April 18<sup>th</sup>, 2024 @ 8:30am  
Microsoft Teams Meeting**

Burton M. Cross Building  
111 Sewall Street  
Room 600, 6<sup>th</sup> Floor  
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Diane Bailey, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Jonathan French, Rebekah Koroski, Lew Miller, Danielle Murphy, Doris Parenteau, Shonna Poulin-Gutierrez, Heidi Pugliese, JoAnne Rawlings-Sekunda, Kim Vigue, Frank Wiltuck, and Nathaniel Zmek.  
(Total = 18)

Commission Members Absent: Kelly John, Heather Perreault, and Chris Russell.

Vacant Seat(s): 2

Others Present: Rebecca Adams, Joan Hanscom, Paige Lamarre, Devon French, Charles Luce, Nathan Morse, Roberta DuPont, and Emma-Lee St.Germain – Employee Health and Wellness; Breena Bissell – Bureau of Human Resources; Sabrina DeGuzman-Simmons and Kevin Fenton – Aetna; Kristine Ossenfort and Becky Craigie – Anthem Blue Cross and Blue Shield; Libby Arbour – MCD Global Health; Judy Paslaski – MedImpact; Marie Bridges – Northeast Delta Dental; Amy Deschaines, Katerina Norat, and Jacqueline Scherer – Lockton; Trevor Putnoky and Lisa Nolan – Health Purchasers Alliance; Joe Miller – Novo Nordisk; Kathryn Laughlin, Jesse Irvin, Ed Dougherty and Bansari Patel – Carrum Health Program; Laura Robert – Sunlife; Alan Parks – Gallagher; and Bill Savage and Nancy Macirowski – Members of the Public.

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:34 am)</b>	Jonathan French called the meeting to order. Breena Bissell acts as Management Co-Chair in Heather Perreault’s absence.	
<b>II. Introductions</b>		
<b>III. Review and Approval of Minutes (March 21<sup>st</sup>, 2024)</b>		Frank Wiltuck made a motion to accept the March 21 <sup>st</sup> , 2024, minutes; Danielle Murphy seconded the motion. Motion passed.



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<b>IV. Recurring Monthly Business</b>		
<b>a. Open Discussions/Questions on Vendor Reports – All</b>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <b>Jonathan French asks:</b> I've noticed is that we've been continuously running at a slight deficit for the past four months – is there any concern on Lockton's end? We're going to get a rebate, is that correct?</li> <li>• <b>Shonna Poulin-Gutierrez responds:</b> Yes, we will get a rebate.</li> <li>• <b>Amy Deschaines responds:</b> We should have one more rebate coming in and it'll be targeted around what you're seeing in the reports, which is around that \$3M. I think if we reflect back on the renewal projection process from this time last year, we did get a little more aggressive on some of the trend assumptions that we put into this projection. I think there's some of that happening and reflecting on how the plan is running relative to the budget.</li> <li>• <b>Jonathan French states:</b> The trend's justifying what we did in Plan Design Committee because we're seeing what we expected to see this plan year and that's why we made the changes that we did in the next plan year.</li> <li>• <b>Amy Deschaines responds:</b> I would agree with that.</li> <li>• <b>Shonna Poulin-Gutierrez states:</b> We are seeing just a few more high-cost claimants this last quarter.</li> <li>• <b>Amy Deschaines responds:</b> If you look at your high-cost claimant report that you received with claims through February, you see where we've gone from 23 to 30 high-cost claimants from \$9.2M to almost \$11.9M.</li> </ul>	
<b>b. Employee Health and Wellness Highlights – Shonna Poulin-Gutierrez</b>	<p>Information contained in written report; highlights and discussion noted below:</p> <p><b>Medical Highlights –</b></p> <p><b>Anthem:</b></p>	



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- Total Population Health (03/2023 – 02/2024): Top Population Health shows from 03/2023 to 02/2024 that 1,662 members were “at risk” (3.8% of spend), 10,446 were “chronic” (62.6% of spend), 889 members were “critical” (12.2% of spend), and 2,278 members were listed as “non-utilizers.”
- What is Impacting Members (03/2023 – 02/2024): For the time period of 03/2023 to 02/2024, data shows that members are afflicted most with chronic conditions (40.8%) and behavioral health conditions (22.3%). During this period, it also shows that 74.5% of members are visiting their Primary Care Physicians, while 57.5% of members are participating in Adult Wellness Compliance which is lower than Anthem’s benchmark of 71.9%.

**Aetna:**

Telemedicine Visits by Medical Cost Category Parts A and B Plan (01/2023 – 12/2023): For the reporting period of 01/2023 – 12/2023 Telemedicine visits by medical cost category Parts A and B Plan show 44.4% of members visited Specialist Physicians, 19% of members visited their Primary Physician, 36% of members addressed their Mental Health (depression, anxiety, and adjustment reaction) and 1% of members visited medical professionals in all other categories.

- Top Specialist Physician Visits by Specialty Parts A and B Plan (01/2023 – 12/2023): For the reporting period of 01/2023 – 12/2023 the top Specialist Physician visits by specialty Parts A and B Plan are Dermatology (has the most visits, but not the top spend), Ophthalmology, Cardiovascular Disease, Surgery (Orthopedic), and Urology.

**Dental Highlights –**

- Network Utilization (04/01/2023 – 03/31/24): Network utilization for the



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reporting period of 04/01/2023 – 03/31/24 show there were 27,784 claims for Delta Dental Premier, 5,283 claims for Out-of-Network, 18,180 claims for State of Maine PPO, and the total utilization being 51,247 claims.

**Pharmacy Highlights –**

- KPI Summary – February 2024 vs. February 2023: In 2024 there were 20,837 prescriptions while in 2023 there were 18,996. Total costs increased from \$5.67M in 2023 to \$5.79M in 2024. Generic Substitutions increased about 3% from 2023 to 2024.

**Wellness Highlights –**

**2024 Health Premium Credit Program (as of 04/05/2024):**

- Program Engagement: As of 04/05/2024 Health Premium Credit Program engagement shows participants entered 2,659 flu shots, 769 “My Numbers,” 2,468 members participated in Annual Physical Exams, 1,190 members participated in Well-Being visits, there were 7,543 members that completed the Wellness Questionnaire, and 7,323 members who watched the Primary Care Provider Resources video and completed the quiz.

**Health Navigation:**

- Program Engagement: As of 04/05/2024 Health Navigation Appointment engagement shows 18 upcoming Health Navigation events, 81 Health Navigation appointments completed with 689 participants. There are currently 494 Health Navigation appointments available with 40 individuals currently scheduled for appointments.

**2024 Vaccination Clinics:**

- 2024 Vaccination Clinics: Planning for the 2024 Vaccination Clinics is



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underway. The first communications sent to State of Maine site contacts was on Monday 04/01/2024 to start the on-site vaccination clinic scheduling process. The 2024 Vaccination Clinic season will start September 2024.

**Communications Highlights –**

- Digital Form: The Office of Employee Health and Wellness has met with internal State of Maine Human Resources as well as the Legislature Group and State of Maine Ancillaries to walk through the upcoming digital Benefits Enrollment/Change Form. Reporting extracts to streamline processes.
- Home Mailer: A Hinge Health home mailer was distributed to all the health plan members to promote the program.
- Constant Contact: There were 3 campaigns distributed with Constant Contact in March of 2024. The Carrum and Hinge Health Webinar Recording promotion had 12,974 recipients and an open rate of 38%. The National Nutrition Month promotion had 11,968 recipients and an open rate of 41% and the 2024 Health Premium Credit Program Reminder promotion had 10,323 recipients and an open rate of 43%.

**V. QUARTERLY PLAN UPDATES**

**a. Health Purchaser Alliance –  
Trevor Putnoky**

Highlights and discussion noted below:

**Analytics –**

- Q1 Reporting: Health Purchaser Alliance conducted return on investment analyses on Carrum Health and Progyny for Health Purchaser Alliance members. Carrum continues to show a strong return on investment, and the Health Purchaser Alliance largely validated their savings methodology. Financial return on investment was difficult to determine for Progyny given most employers do not cover fertility prior to implementation, but clinical outcomes, like the rate of multiple births, showed value.

**Joe Miller states:** As brought forward in previous meetings, Novo Nordisk would absolutely welcome an opportunity to present to the commission on the impact of GLP-1 therapy to diabetes, weight management and cardiovascular disease states.

**Jonathan French asks:** Do you know how Oregon hospitals are rated in terms of quality?



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**Education –**

- **Human Resource Strategy Trainings:** Health Purchasers Alliance held a 201-level training for benefits professionals in January. We were joined by Christin Deacon, and the training largely focused on purchasers’ fiduciary duty and contracting best practices. Health Purchasers Alliance is hosting a 101-level training on 04/24/2024 in Falmouth. This training will focus on broad market trends, funding strategies, how to leverage data, and what to look out for when evaluating Third Party Administrators, Pharmacy Benefit Managers, and point solutions.
- **Member Meetings and Webinars:** At our January member meeting we highlighted the strategies that J.S. McCarthy has implemented to control their healthcare spend and improve benefits. Strategies included centers of excellence, reference-based pricing, SmartConnect (moving eligible members to Medicare), WellSpace@Work (behavioral health access), and a host of Rx and wellness initiatives. Our next member meeting is June 6th, and we will be joined by Dr. Peter Pronovost, one of TIME’s 100 Most Influential People in the World and a MacArthur Genius Grant recipient. Peter Hayes will discuss his efforts to maximize efficiency at University Hospitals, which allowed them to be profitable on Medicare reimbursement.

**Group Purchasing –**

- **Capital RX:** After an extensive evaluation of transparent, pass-through Pharmacy Benefit Managers, the Health Purchasers Alliance selected CapitalRx as its preferred Pharmacy Benefit Manager partner. CapitalRx was the only Pharmacy Benefit Manager included in the evaluation that committed to all the terms in our request for proposal. Notably, they are willing to share drug-specific rebate information with purchasers.
- **IMAGINE360:** Health Purchasers Alliance evaluated the five market-leading reference-based pricing vendors, and the Health Purchasers Alliance’s Board unanimously selected Imagine360 as our preferred partner. The Health

**Trevor Putnoky responds:** I am not sure. I can look into that.

**Olivia Alford asks:** Should there be a standing topic surrounding the Office of Affordable Healthcare?

**Jonathan French responds:** I can chat with Heather Perreault to see if we can make this a future topic.



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Purchasers Alliance’s Imagine360 contract offers best-in-the-market pricing and a host of add-on benefits like enhanced Human Resources support.

- **Claims Auditing:** Health Purchasers Alliance is in the process of identifying and evaluating claims auditing vendors to help plan sponsors better meet their fiduciary duties. Robust claims auditing can save 2-4% off total medical spend.

**Hospital Finance Grant –**

- **Discrepancy Explanation:** We received a grant from Arnold Ventures which focuses on healthcare affordability. We have new transparency tools that calculate break-even points as well as RAND 4.0 data and Audited financial data come to firm conclusions about what's driving costs, that health system and where the opportunities are to reduce costs.

**Behavioral Health Grant –**

- **Goal:** The goal is to equip employers with resources and knowledge to develop comprehensive action plans for managing mental health effectively.
- **Activities:** Activities would include hosting an in-person mental health strategy workshops facilitated by Katy Riddick (High-Lantern Group), identifying challenges and opportunities related to behavioral health access and support, developing a guidebook and other resources for workplace mental health to support understanding, and identifying key mental health approaches that can support their workforce.
- **Anticipated Outcomes:** Anticipated outcomes include improved employer awareness of mental health issues, resulting in more effective strategies for addressing them and empower employers with the resources and knowledge to develop comprehensive action plans for mental health management within their own populations.

**Contract Reviews –**



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- The Health Purchaser Alliance has contracted with Christin Deacon, a national expert in third-party administrator contracting best practices, to review members’ Administrative Services Agreements and identify opportunities for improvement.
- Christin Deacon will focus primarily on issues that pose fiduciary risk to plan sponsors, like access to data. She will redline everything that needs to be changed, rank changes by order of importance and meet with each group to review recommendations.
- The Health Purchaser Alliance believes that strong contracts are foundational to a plan sponsor’s ability to fulfill their fiduciary duty and implement strategies that effectively manage plan spend.

**DIRIGO: State Employee Health Commission Continues to Lead on Plan Design –**

- **Fiduciary Oversight:** The 2024 fiduciary lawsuit against Johnson and Johnson highlights purchasers’ risk in not “paying reasonable costs for plan management.” Purchasers must have insight into fees and prices paid for services. Many purchasers, like the State Employee Health Commission, are revisiting their carrier contracts to ensure transparency and better plan oversight. Purchasers are also increasingly employing 3rd part claim auditing vendors to ensure claims are paid accurately (State Employee Health Commission implementing SmartLight in July).
- **Transparent, Pass-Through Pharmacy Benefit Managers with High-Value Formularies:** Transparent, pass-through Pharmacy Benefit Managers, like the state’s new Pharmacy Benefit Manager, CapitalRx, allow plan sponsors to access their data and design formularies and networks around high value drugs and pharmacies.
- **Cell/Gene Therapy Strategies:** Over 50%+ of prescription spend is now on specialty medications, and cell/gene therapies are expected to increase spend in this area substantially. There are approximately 22 gene/cell therapies on the market, ranging in price from hundreds of thousands of dollars to over





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\$2M. In 2024, up to 21 cell therapies and 31 gene therapies will hit the market. Most purchasers are covering cell/gene therapies to ensure claims are eligible for stop loss protection. Some are adopting stop loss products that are specific to cell/gene therapies.

- **GLP-1 Strategies:** Health Purchaser Alliance analysis found that at 10% GLP-1 utilization, purchasers’ prescription per member per month would double. An estimated 70% of the population meet the clinical criteria for GLP-1 drugs. Plan sponsors must decide whether or not to cover weight loss drugs. For those that do, many are implementing behavior modification programs to moderate utilization. Some are making the programs mandatory for access to the drugs. The State Employee Plan Commission is launching a pilot program with Virta Health in July, which may impact GLP-1 utilization.
- **Centers of Excellence (CoE), Bundled Payments, and Direct Contracts:** Recognizing the significant variation in price and quality that exists within any given healthcare market, purchasers are increasingly adopting strategies that incentivize members to seek care at the highest value providers. Strategies primarily focus on direct contracts and Centers of Excellence vendors like Carrum Health, which is offered through the state’s plan. Centers of Excellence programs help ensure fiduciary duty is being met; they improve patient outcomes and (often) reduce patient costs; and they generate a return on investment for purchasers.
- **Advanced Primary Care:** Capitated primary care models with expanded access, aligned incentives, and greater accountability for outcomes are increasingly being pursued by large employers. Purchasers are considering onsite, near-site, and shared-site clinics.
- **Steerage to High-Value Providers:** Purchasers are increasingly using plan design and incentives to steer members to high-quality, affordable providers. The State Employee Health Commission steers members to high-value infusion services through benefit design, and they incentivize primary care visits through the Health Premium Credit Program.



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- **Referenced Based Pricing:** Oregon’s State employee plan put in place an upper payment limit of 200% of Medicare for hospital services that resulted in \$107.5M in savings – 4% of the state plan’s total spending. Savings were more pronounced for outpatient services, where prices were particularly high.
- **Increased Investment in Health and Wellbeing:** Plan sponsors continue to invest in upstream mitigation of costs through health and wellbeing programs. The State Employee Health Commission offers a number of programs designed to improve member health which include Wonder, Livongo, Virta, MCD Wellness, the Health Premium Credit Program, National Diabetes Prevention Program, and the Living Resources Employee Assistance Program.

**VI. EDUCATION**

**a. Legislative Update – Lisa Nolan**

Highlights and discussion noted below:

**Updates –**

- After a busy and productive few weeks, the 131st Legislature is drawing to a close, with House and Senate action on most bills now complete.
- Final action is still pending on several bills, including about 250 Legislative Documents that received initial votes of support in the House and Senate, but which would impact the state budget if enacted into law. Prior to final enactment votes, those budget-impacting bills were placed on the Special Appropriations Table and can only be enacted if funding is provided to offset their costs.
- As there are always more bills on the Table than there are dollars to fund those bills, many Table bills will die due to lack of funding.
- The Legislature funded a handful of bills off the Table yesterday, but it remains unclear whether any more Table bills will be funded or whether any other pending bills will receive additional votes.
- The Legislature considered over 20 bills of interest to plan sponsors this year.
- If enacted, several of these bills—primarily mandate and pharmacy Legislative Documents—will increase costs for many health plans in Maine, including the state



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employee plan.

- Those bills are estimated to increase costs to the state plan by \$1.3 million annually if they are all enacted into law.
- Several other bills that would have further increased costs to the state employee plan were either defeated or amended to eliminate any fiscal impact on the state plan.

**Mandates –**

- L.D. 132, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) (Sen. Stacy Brenner; D-Cumberland).
- L.D. 444, An Act to Designate First Responders and Other Public Safety Professionals as a Special Risk Population for the Purposes of Improving Insurance Coverage for the Effects of Trauma (Sen. Donna Bailey; D-York).
- L.D. 663, An Act to Require Health Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (Rep. Amy Roeder; D-Bangor).
- L.D. 1577, An Act to Require Health Insurance Coverage for Biomarker Testing (Rep. Sam Zager; D-Portland).
- L.D. 1832, An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services (Rep. Scott Cyrway; R-Albion).
- L.D. 2203, An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Oral Hormonal Contraceptives. (Rep. Poppy Arford; D-Brunswick).

**Pharmacy –**

- L.D. 1165, An Act to Enhance Cost Savings to Consumers of Prescription Drugs (Rep. Margaret Craven; D-Lewiston).



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- L.D. 1829, An Act to Reduce Prescription Drug Costs by Requiring Reference-based Pricing (Sen. Cameron Reny; D-Lincoln).
- L.D. 2114, An Act to Improve Patient Access to and Savings from Generic Drugs and Biosimilars (Sen. Troy Jackson; D-Aroostook).
- LD 2282, An Act to Provide Greater Transparency About the Cost of Insulin and to Promote the Availability of Low-cost Insulin in the State (replacement for L.D. 1793) (Committee Bill – Original Bill: Sen. Troy Jackson; D-Aroostook).

**Provider Authorizations and Other Provider/Carrier Issues –**

- L.D. 796, An Act Concerning Prior Authorizations for Health Care Provider Services (Rep. Jane Pringle; D-Windham).
- L.D. 2151, An Act Regarding the Cost of Copies of Medical Records (Rep. Margaret Craven; D-Lewiston).
- L.D. 1407, An Act to Amend the Maine Insurance Code Regarding Payments by Health Insurance Carriers to Providers (Rep. Anne-Marie Mastraccio; D-Sanford).
- L.D. 1498, An Act to Create an Advocacy and Complaint Process for Health Care Providers Within the Bureau of Insurance (Rep. Anne Perry; D-Calais).
- L.D. 1533, An Act to Provide for Consistent Billing Practices by Health Care Providers (Rep. Josh Morris; R-Turner).

**Transparency and Consumer Protections –**

- L.D. 1740, An Act to Support an Insured Patient's Access to Affordable Health Care with Timely Access to Health Care Prices (Rep. Poppy Arford; D-Brunswick).
- L.D. 2271, An Act to Implement the Recommendations of the Task Force to Evaluate the Impact of Facility Fees on Patients to Improve Facility Fee Transparency and Notification and to Prohibit Facility Fees for Certain Services



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(Committee Bill).

- L.D. 1955, An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance for Medical Care (Rep. Rachel Talbot Ross; D-Portland).
- L.D. 2115, An Act to Require Health Care Providers to Engage in Fair Practices When Selling Medical Debt (Sen. Mike Tipping; D-Penobscot).

**State Employee Health Plan Specific Bills –**

- L.D. 111, An Act Requiring the State to Pay a Share of a Retired State Employee's or Retired Teacher's Premium for Medicare Part B Under Medicare Advantage (Rep. Daniel Shagoury; D-Hallowell).
- L.D. 121, An Act to Expand Health Insurance Coverage to Certain State Employees (Sen. Craig Hickman; D-Kennebec).
- L.D. 362, An Act to Clarify Coverage for Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Under the State Employer Group Health Plan (Sen. Joseph Baldacci; D-Penobscot).
- L.D. 591, An Act to Provide Funding for Medicare Payments for Certain Retired State Employees (Sen. Craig Hickman; D-Kennebec).
- L.D. 733, An Act to Require an Annual Itemized Statement of Employee and Retirement Benefits and Total Employer Contributions to the Maine Public Employees Retirement System and Health Insurance Plans for State Employees and Teachers (Sen. Matt Pouliot; D-Kennebec).
- L.D. 882, An Act to Allow Nonmunicipal Emergency Medical Service Providers to Participate in the Maine Public Employees Retirement System and State Benefit Program (Rep. Suzanne Salisbury; D-Westbrook).
- L.D. 1152, An Act to Make Long-term Disability Insurance Coverage Available to Public Employees (Sen. Henry Ingwersen; D-York).



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VII. SEMI-ANNUAL UPDATES

a. Carrum Health Program –  
Kathryn Laughlin and Jesse  
Irvin

Highlights and discussion noted below:

**Carrum Health Overview:**

**Problem –**

- Employers Largest Spend: Employers largest spend is surgical care and complex care. Standard care delivery models create lack of transparency and predictability. Cancer spend is expected to grow 34% between 2015 and 2030.
- Complete, Value-Based Surgical and Cancer Care Solution: Carrum connects members to the top 10% of providers across the country, ensuring they get the highest quality and most appropriate care that is less expensive and easier for everyone.

**Validation –**

- Independent, Peer-Reviewed RAND Corporation Study: Independent, peer-reviewed RAND corporation study validates Carrum’s results. This study showed there was a cost savings greater than 45%, improved quality of with readmission reduction of 80% and appropriateness with about 30% of unnecessary surgeries avoided.

**Validated –**

- Reduced Readmissions: Carrum’s Centers of Excellences reduce readmissions by 80% and deliver the highest quality care for Bariatrics, Spinal Fusion, and Hip/Knee Replacements.

**Trusted –**

- Trusted by Clients: Carrum has seen client retention of 98%, has assisted over 3.5M individuals, and has a net promoter score of 80+.

**Frank Wiltuck asks:** If you see an address come up that exceeds the 150-mile range – do you have the option of either making the trip or requesting an exception to get that procedure done?

**Shonna Poulin-Gutierrez responds:** Every situation is unique; and exceptions can be made. It's important information we want to make sure that our members have it and we do have some of that information on our website as well as a need to add additional information as well.

**Olivia Alford states:** With improved network I would encourage a conversation regarding what potential barriers are, and integrated appeals information to people so they understand their options when decisions are made by different parties.

**Ed Dougherty responds:** I will circle back with the team to see where we are.

**Jonathan French states:** I think it would be helpful for us to get the data compared to our Maine hospitals for the Commission.



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**Innovation –**

- Carrum Service Lines: Carrum offers bundled payment programs to address employers’ top spend. Currently the State of Maine falls within the current live bundle which includes hip/knee replacement, spinal fusion, cardiac surgery, bariatric surgery, as well as oncology for breast cancer guidance and treatment.

**Quality –**

- Carrum’s Depth of Quality: Carrum’s depth of quality criteria review is unparalleled, ensures only the top facilities and physicians are included. Standard credentials include licensing, board certified, fellowship, background check, malpractice review, case volume, and Centers for Medicare & Medicaid Services outcomes. These providers are ranked in the top 10% nationally and are re-certified on a 12-month basis.

**True Bundles –**

- True Value-Based Care Model: The true-value based care model includes all-inclusive prospective bundles will provider held warranties with the assessment (focus on appropriateness) and warranty (minimum of 30 days) are both unique to Carrum. In addition, there is preparation (logistics and pre-op), procedure (surgery/acute care), and recovery (post-op) which are standard practice for all providers.
- Bundles with Warranties: Complete prospective bundles have a single negotiated price and include no surprise billing or claims leakage, appropriateness, aligned incentives, and all-inclusive contracts. Case rates or synthetic bundles have separate case rates that are either pre-negotiated or ad-hoc.

**Strategic Engagement Philosophy –**

- Maximize Engagement: Carrum’s strategic engagement philosophy is to combine all levels, plan design, automated precision marketing, ecosystem

**Jesse Irvin responds:** We can talk offline with the Health Purchasers Alliance folks regarding this.

**Jonathan French** made a motion to allow a member of the public to speak; Commission Members do not object. Motion passed.

**Nancy Macirowski states:** The information on the State of Maine website about limited exceptions and prior authorization may be obtained through Carrum, however when you ask Carrum they do not know how to assist. It is very helpful to have more information available to members.



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referrals, \$0 patient cost share, and access to maximize engagement.

**Technology –**

- Enterprise Grade Platform: Carrum offers enterprise grade platform to scale the Center of Excellence model, a member experience rooted in human touch optimized with technology that include a Patient App and Care Management Platform – 10% of members prefer to pick up a phone a call Carrum.

**Experience –**

- Guidance and Support: Carrum offers guidance and support every step of the way through engagement, qualification, preparation, and recovery.

**Program Results 2024 Fiscal Year to Date:**

- State of Maine Performance Review July 2023 to March 2024: From July 2023 to March 2024 Carrum has supported 51 surgeries, 14 avoided surgeries, \$2.15M is savings, and a 41% transaction increase from 2022.

**Engagement –**

- State of Maine Overview July 2023 to March 2024: From July 2023 to March 2024 the Carrum member pipeline has produced 184 registrations, 179 cases created, 65 consultations, and 51 surgeries.

**Episodes of Care –**

- Completed Consults and Surgeries: From July 2023 to March 2024 there were 31 knee surgeries completed, 9 bariatric surgeries completed, and 25 hip surgeries completed.

**Pipeline –**

- Meaningful Activity Active Cases 04/01/2024: There has been a strong start to 2024 with 29 surgeries already completed. There have been an additional 14





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scheduled transactions and 18 addition qualified members.

**Episodes of Care Exceptions –**

- Exceptions July 2023 to March 2024: There is an exceptions process in place that was developed with the Office of Employee Health and Wellness. The majority of exceptions are due to Center of Excellence clinical exclusion criteria. Other exceptions made were due to ability to travel, severe financial hardship or the surgery being too complex.

**Savings –**

- Savings Methodology: Carrum reduces surgical spend in two ways. The first being bundling savings, from bundles completed at a Carrum Center of Excellence. The next being "avoided surgery savings," from surgeries avoided due to a member's interaction with Carrum.
- 2024 Savings Overview: For bundled savings, the carrier cost without Carrum is \$2.58 million and the Carrum cost with travel\* there is a bundled savings of \$1.23M.

*(\*6 cases have yet to be billed; estimates used based on State of Maine Claims.)*

**Joint Accomplishments:**

- Communication: Communications with State of Maine employees have included mailers as well as a co-branded webinar with Hinge Health.
- Breast Cancer Treatment Bundle: State of Maine will be adding Oncology to its bundle of offerings to State of Maine employees.

**VIII. OTHER BUSINESS**



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<p><b>a. Review of Current Policy – Chair</b></p>	<p>Highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <b>Jonathan French states:</b> Because we don't have anything in our bylaws currently that talks about policies, is it silent on that? Heather Perreault and I decided to meet and we're going to develop a policy for the release of contract information about our vendor contracts. We're also going to be in consultation with the Attorney General's Office because there's some things in those contracts that we don't want to make the Commission or their members liable for, so we want to make sure that we're legally doing what we need to do to, to protect the Commission.</li> </ul> <p><b>Shonna Poulin-Gutierrez states:</b> The intent is to expedite the process, so that Health Commission members can have the information and not have to go through a formal process. Some vendors do have proprietary information in their contracts. We must also consider our fiduciary responsibilities and the training that we had last fall as members of the Health Commission.</p> <ul style="list-style-type: none"> <li>• <b>Jonathan French states:</b> There are a lot of things that we need to update and add to our bylaws to make sure that we have all that information in there.</li> <li>• <b>Frank Wiltuck asks:</b> Aren't a lot of those issues addressed in Plan Design?</li> <li>• <b>Jonathan French responds:</b> Plan Design can get access to information from our vendors during that process to help inform our decisions however, we don't typically ask for the contracts.</li> </ul>	
<p><b>b. Open Discussion</b></p>	<p>Highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <b>JoAnne Rawlings–Sekunda asks:</b> I know that Anthem does not use Change Healthcare and so is not affected by the cyber-attack, but are any of our other vendors?</li> <li>• <b>Amy Deschaines responds:</b> I think the only generalized impact that we've seen is that there are some providers that used some portion of that system to</li> </ul>	



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submit claims to the carrier.

***IX. REQUEST MOTION TO ADJOURN***

**a. X. Adjourn Meeting (12:01 pm):**

Frank Wiltuck made a motion to adjourn; Kevin Dionne seconded the motion. Motion passed.

2024 meeting schedule available at [www.maine.gov/bhr/oeH](http://www.maine.gov/bhr/oeH)