



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, April 17, 2025 @ 8:30am

Microsoft Teams Meeting

45 Commerce Drive

Department of Labor Francis Perkins Conference Room

Augusta, ME 04330

Commission Members in Attendance: Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Michael Dunn, Jonathan French, Joan Hanscom, Christopher Ike, Kelly John, Rebekah Koroski, Danielle Murphy, Doris Parenteau, Shonna Poulin-Gutierrez, Heidi Pugliese, Joanne Rawlings-Sekunda, Kim Vigue, and Frank Wiltuck.
(Total = 19)

Commission Members Absent: Olivia Alford, Jenny Boyden, Chris Russell and Nathaniel Zmek.

Vacant Seat(s): 2

Others Present: Paige Lamarre, Emma-Lee St. Germain, Devon French, Roberta Dupont, Charles Luce, Rebecca Adams, Neva Parsons, and Nathan Morse – The Office of Employee Health, Wellness, and Workers' Compensation; Sabrina DeGuzman-Simmons and Kevin Fenton – Aetna; Kristine Ossenfort, Stephanie Washburn and Kathryn Caiazzo – Anthem Blue Cross and Blue Shield; Libby Arbour – MCD Global Health; Kathryn Laughlin, Christoph Dankert and Shamim Gillani – Carrum; Marie Bridges – Northeast Delta Dental; Thomas Young – Livongo; Amy Deschaines, Terry LaMonica, Ed Pierce, Kim Greenberg and Jacqueline Scherer – Lockton; Trevor Putnoky, Sara Fitzgerald, Liam LaFountain and Lisa Nolan – Health Purchasers Alliance; Brenden Horwitz – Capital Rx; Laura Robert – Sun Life.

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:36 am)	Labor Member, Jonathan French called the meeting to order.	
II. Introductions		
III. Review and Approval of Minutes (March 20th, 2025)		Labor Member, Rebekah Koroski made a motion to approve the March 20 th , 2025, minutes. Labor Member, Lois Baxter seconded the motion. Labor



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Member, Danielle Murphy was
opposed. 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 –

- 2025 Health Premium Credit Program (HPCP): As of the end of March, 5,164 subscribers have completed the Health Plan Credit Program requirements. The deadline for completing requirements is April 30 at 11:59 PM.
- Vaccination Clinics to Sunset in 2025: The State of Maine Vaccination Clinics have experienced declines in participation year to year. The Office of Employee Health, Wellness and Workers’ Compensation completed an evaluation of the clinics and determined that most plan members receive their vaccinations from their Primary Care Provider’s office, or from preferred pharmacies.

Communications Highlights –

- Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups – National Nutrition Month (13,019 Recipients, 50% Open Rate, 1% Click Rate), Sleep Awareness Month (14,074 Recipients, 49% Open Rate, 2% Click Rate), 2025 Health Premium Credit Program Promotion (11,361 Recipients, 55% Open Rate, 6% Click Rate) and Access2Care Promotion (697 Recipients, 50% Open Rate, 1% Click Rate).

Contracts –

- The Request for Proposal (RFP) review for Health and Welfare Benefits Consulting resulted in Lockton as the awarded bidder.



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	General Reminders – <ul style="list-style-type: none">• Customer service is of upmost importance to the Office of Employee Health, Wellness and Workers’ Compensation and patience is appreciated as staff vacancies are filled.• Annual Open Enrollment for health, dental, and vision is scheduled for May 9 through May 23.	
b. Committee Updates - Chair	Legislative Subcommittee – <p>The following bills have been introduced and the Legislative Subcommittee reported on the bills’ status:</p> <ul style="list-style-type: none">• Bills Specific to the State Employee Plan<ul style="list-style-type: none">○ LD 999 – An Act to Include Employees of the Maine Indian Tribal-State Commission in the State’s Group Health Insurance Plan has no public hearing yet scheduled.○ LD 1115 – An Act to Expand Eligibility under the State’s Group Health Plan to Employees and Members of the Maine Association for the Education of Young Children has no public hearing yet scheduled.• Other Bills Discussed by the Subcommittee:<ul style="list-style-type: none">○ LD 955 – An Act to Ensure Human Oversight in Medical Insurance Payment Decisions/LD 1301 – An Act to Prohibit the Use of Artificial Intelligence in the Denial of Health Insurance Claims had a work session on April 16.○ LD 1018 – An Act to Protect Health Care for Rural and Underserved Areas by Prohibiting Discrimination by Participants in a Federal Drug Discount Program has a public hearing held on April 16.	



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	<ul style="list-style-type: none">○ LD 1053 – An Act to Ensure that Rebates from Prescription Drug Manufacturers are Passed on to Patients at Pharmacies had a work session on April 9 and was voted Ought Not to Pass.○ LD 1192 – An Act to Increase Commercial Insurance Reimbursement Rate for Ambulance Services has a public hearing scheduled for April 22.○ LD 1361 – An Act to Require Insurance Coverage for Covered Dental Services Provided by Licensed Dental Hygienists and to Authorize Licensed Dental Hygienists to Bill Commercial Insurance has a public hearing scheduled for April 24.• Update on Bills Previously Discussed –<ul style="list-style-type: none">○ LD 707 – An Act to Amend the Membership of the State Employee Health Commission and Make Referential Changes to the Office of Employee Health, Wellness and Workers’ Compensation was reported out of Committee: Ought to Pass as Amended on April 11.○ LD 627 – An Act to Require Insurance Coverage for Glucagon-like Peptide-1 (GLP-1s) was reported out of Committee: Ought Not to Pass on April 1.○ LD 93 – An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults had a work session on April 15 and was tabled with no discussion.	
c. Healthcare Purchaser Alliance Legislative Update – Healthcare Purchaser Alliance	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none">• <u>Overview</u>: The 132nd Legislature is in session with 1,728 bills introduced to date with 400-500 expected to be printed before adjournment in late June. Most activity had been in legislative committees holding public hearings and work sessions before reporting bills out as ought to pass, ought not to pass, or	



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ought to pass as amended. The focus is shifting to House and Senate floors as more bills are reported out of committee and come up for votes.

- Potential Financial Impacts: Healthcare Purchaser Alliance is monitoring more than 50 bills which could impact commercial health plans, some of which, if enacted, would increase costs for many health plans in Maine, including the State Employee Health Plan. Bills that may increase costs for the State Employee Health Plan generate a fiscal note because some additional costs must be funded from the State's general fund budget.
- Health-Plan Related Legislation: The Committee on Health Coverage, Insurance and Financial Services has jurisdiction over bills impacting Maine's commercial insurance market, which includes bills that impact the State Employee Health Plan. These bills fall into broad categories including those that mandate coverage/reimbursement, address pharmacy costs, limit plan sponsor flexibility, address Maine provider market consolidation/competition, strengthen carrier/plan oversight, improve consumer protections/transparency or address the State Employee Health Plan.

Mandates/Benefit Expansions Printed Legislative Documents (LD) –

- LD 107, An Act to Require Health Insurance Coverage for Biomarker Testing (Rep. Sam Zager; D-Portland).
- LD 163, An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Oral Hormonal Contraceptives and Nonprescription Emergency Contraceptives (Rep. Poppy Arford; D-Brunswick).
- LD 582, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl Substances (Sen. Stacy Brenner; D-Cumberland).
- LD 627, An Act to Require Insurance Coverage for Glucagon-like Peptide 1 Receptor Agonist Medication (Rep. Holly Stover; D-Boothbay).



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- LD 784, An Act to Require Health Insurance Coverage for Specialized Risk Screening for First Responders (Sen. Donna Bailey; D-York).
- LD 1192, An Act to Increase the Commercial Insurance Reimbursement Rate for Ambulance Services (Sen. Joe Baldacci; D-Penobscot).
- LD 1502, An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening (Rep. Matt Moonen; D-Portland).
- LD 1530, An Act to Improve the Sustainability of Emergency Medical Services in Maine (Sen. Chip Curry; D-Waldo).
- LD 1589, An Act to Improve Parity in Insurance Coverage for Outpatient Counseling in Maine (Rep Lydia Crafts; D-Newcastle).

Mandates/Benefit Expansion Not Yet Printed –

- An Act to Require Insurance to Cover Certain Diagnostic Eye Exams (Rep. Barbara Bagshaw; R-Windham).
- An Act to Require Insurance Providers to Cover Anesthesia and Other Pain Medications for a Patient Undergoing Intrauterine Device Insertion or Removal or a Pap Smear Procedure at the Patient's Request (Rep. Mana Abdi; D-Lewiston).
- An Act to Make Necessary Changes Related to Eligibility for Health Insurance Coverage and to Determinations of Eligibility for Dependent Health Insurance Coverage for Persons 26 Years of Age or Older with a Disability (Rep. Poppy Arford; D-Brunswick).
- An Act to Enact the Food is Medicine Act (Sen. Rachel Talbot Ross; D-Cumberland).
- An Act Concerning Hospital Pricing (Rep. Sophie Warren; D-Scarborough).



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- An Act to Encourage Competition in Regulating Independent Provider Cost of Living Adjustments (Rep. Michelle Boyer; D-Cape Elizabeth).

Pharmacy Printed Legislative Documents (LD) –

- LD 93, An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults (Rep. Sam Zager; D-Portland).
- LD 180, An Act Regarding Reimbursement by Pharmacy Benefits Managers to Pharmacies (new title that reflects sponsor amendment) (Rep. Kristi Mathieson; D-Kittery).
- LD 675, An Act to Protect Consumers by Increasing Transparency and Accountability in the Pharmaceutical Industry CONCEPT DRAFT (Sen. Joe Baldacci; D-Penobscot).
- LD 697, An Act to Direct the Maine Prescription Drug Affordability Board to Assess Strategies to Reduce Prescription Drug Costs and to Take Steps to Implement Reference-based Pricing (Sen. Cameron Reny; D-Lincoln).
- LD 1018, An Act to Protect Health Care for Rural and Underserved Areas by Prohibiting Discrimination by Participants in a Federal Drug Discount Program (Sen. Donna Bailey; D-York).
- LD 1053, An Act to Ensure that Rebates from Prescription Drug Manufacturers Are Passed on to Patients at Pharmacies (Rep. Kristen Cloutier; D-Lewiston).
- LD 1580, An Act to Prohibit Pharmacy Benefits Managers from Imposing Certain Fees and Pricing (Rep. Bob Nutting; R-Oakland).

Pharmacy Not Yet Printed –

- An Act to Protect Consumers by Increasing Transparency and Accountability in the Pharmaceutical Industry (Sen. Mattie Daughtry; D-Cumberland).



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Prior Authorizations/Step Therapy Printed Legislative Documents (LD) –

- LD 178, An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer (Rep. Kristi Mathieson; D-Kittery).
- LD 459, An Act to Regulate the Use of Prior Authorization for Health Care Provider Services CONCEPT DRAFT (Sen. Chip Curry; D-Waldo).
- LD 910, An Act to Collect Data to Better Understand the Consumer's Health Insurance Experience (Sen. Denise Tepler; D-Sagadahoc).
- LD 955, An Act to Ensure Human Oversight in Medical Insurance Payment Decisions (Sen. Joseph Martin; R-Oxford).
- LD 1301, An Act to Prohibit the Use of Artificial Intelligence in the Denial of Health Insurance Claims (Sen. Mike Tipping; D-Penobscot).
- LD 1496, An Act to Ensure Ongoing Access to Medications and Care for Chronic Conditions and Conditions Requiring Long-Term Care by Changing Requirements for Prior Authorizations (Rep. Sam Zager; D-Portland).

Prior Authorizations/Step Therapy Not Yet Printed –

- An Act to Allow for an Exception to Fail First Step Treatment for Insurance Providers (Rep. Tavis Hasenfus; D-Readfield).

Providers Consolidation/Competition Printed Legislative Documents (LD) –

- LD 189, An Act to Increase Availability and Affordability of Mental Health Care and Substance Use Disorder Services by Removing the Certificate of Need Requirement (Rep. Laurel Libby; R-Auburn).
- LD 743, An Act to Increase the Availability and Affordability of Health Care by Eliminating Certificate of Need Requirements (Rep. Laurel Libby; R-Auburn).



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- LD 985, An Act to Impose a Moratorium on the Ownership or Operation of Hospitals in the State by Private Equity Companies or Real Estate Trusts (Sen. Mike Tipping; D-Penobscot).
- LD 1713, An Act to Prohibit Certain Provisions in Health Care Provider Contracts with Insurance Carriers (Sen. Donna Bailey; D-York).

Providers Consolidation/Competition Not Yet Printed –

- An Act to Facilitate the Development of Ambulatory Surgical Centers (Rep. Bob Foley; R-Wells).
- An Act to Enhance Transparency and Value in Health Care Transactions (Rep. Sam Zager; D-Portland).

Carrier/Plan Oversight Not Yet Printed –

- An Act to Improve Accountability and Understanding of Data in Health Insurance Transactions (AUDIT) for Self-insured Employers (Sen. Donna Bailey; D-York).
- An Act to Regulate Insurance Carrier Record Review Cost Sharing (Sen. Joe Baldacci; D-Penobscot).
- An Act to Allow Insurance Producers to Notify Customers Prior to the Cancellation or Nonrenewal of Insurance Policies (Rep. Dick Campbell; R-Orrington).

Consumer Protections and Transparency Printed Legislative Documents (LD) –

- LD 558, An Act to Strengthen Consumer Protections by Prohibiting the Report of Medical Debt on Consumer Reports (Sen. Donna Bailey; D-York).
- LD 902, An Act to Establish the Medical Debt Relief Program (Sen. Joe Baldacci; D-Penobscot).



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- LD 1030, An Act Regarding the Reporting of Medical Debt on Consumer Reports (Rep. Josh Morris; R-Turner).
- LD 1152, An Act to Expand the Right to Shop for Health Care Services (Rep. Josh Morris; R-Turner).
- LD 1470, An Act to Create a Liaison Program to Self-insured Entities and Consumers (Rep. Jennifer Poirier; R-Skowhegan).
- LD 1497, An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council (Rep. Sam Zager; D-Portland).
- LD 1512, An Act to Protect Patients from Health Care Discrimination and Guarantee Access to the Lowest Available Cost for Care (Rep. Josh Morris; R-Turner).

Consumer Protections and Transparency Not Yet Printed –

- An Act Regarding Medical Debt (Rep. Dan Ankeles; D-Brunswick).
- An Act to Protect Consumers from Surprise Medical Bills (Rep. Josh Morris; R-Turner).
- An Act Relating to Health Care Transparency and the Maine Health Data Organization (Rep. Josh Morris; R-Turner).

State Employee Health Plan-Specific Bills Printed Legislative Documents (LD) –

- LD 91, An Act to Authorize Employees of the Maine Associations of Retirees to Be Eligible for Participation in the State Employee Health Insurance Program (Rep. Dan Shagoury; D-Hallowell).



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- LD 111, An Act to Increase the State's Share of Retired Teacher Health Insurance (Rep. Janice Dodge; D-Belfast).
- LD 328, An Act Requiring the State to Pay a Retired State Employee's or Retired Teacher's Premium for Medicare Part B Under Medicare Advantage (Rep. Dan Shagoury; D-Hallowell).
- LD 467, An Act to Require the State to Pay Medicare Part B Premiums for Certain Retired State Employees (Sen. Craig Hickman; D-Kennebec).
- LD 707, An Act to Amend Membership of the State Employee Health Commission and Make Referential Changes to the Office of Employee Health, Wellness and Workers' Compensation (Rep. Kristi Mathieson; D-Kittery).
- LD 999, An Act to Include Employees of the Maine Indian Tribal-State Commission in the State's Group Health Plan (Rep. Lori Osher; D-Orono).
- LD 1115, An Act to Expand Eligibility under the State's Group Health Plan to Employees and Members of the Maine Association for the Education of Young Children (Rep. Amanda Collamore; R-Pittsfield).
- LD 1720, An Act Regarding Benefits and Training for Long-term Care Workers (Sen. Rachel Talbot Ross; D-Cumberland).

V. VENDOR UPDATES

a. Livongo – Teladoc Health

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

- What Are State of Maine Members Saying?: Quotes from State of Maine members using the Livongo program included positive experiences related to reducing expenses for diabetes monitoring supplies, helpful coaching sessions, and monthly glucose reports tracking glucose levels.

Member Engagement and Journeys –

- Turning data into personalized member experiences: As an example of personalized experience, if a member logs consistent blood glucose checks into their device with several hyperglycemic readings, the member is sent a health



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nudge suggesting expert coaching on high blood glucose readings. The member then meets with a coach to discuss the risk of unhealthy diets and then goes on to reduce blood glucose.

- Member demographics: Of total members, 83% are plan subscribers and 17% are spouses/dependents of plan subscribers. Females make up 53% of members, with 47% male. Individuals 55-64 are the predominant age group at 47%. Those with diabetes Type 2 account for 95% of members, with Type 1 at 5%. Members using insulin are 17% with those not using it at 83%.
- Artificial Intelligence (AI) Digital Health Interventions Deliver Meaningful Clinical Improvement: Predicative models identify members at risk of uncontrolled blood glucose within the next year using blood glucose, engagement, medical records and demographic data. These members receive personalized timely interventions from 138 various health nudges, while adaptive learning of Artificial Intelligence models increases engagement and promotes positive clinical outcomes, resulting in a .5% reduction in blood glucose.
- Enhancing Clinical Outcomes Through Artificial Intelligence Driven Nudges: Artificial Intelligence powered health nudges targeted 75 of 519 currently activated members as at risk of uncontrolled A1c. Of this targeted population 61 responded to at least one nudge and logged blood glucose checks resulting in 77.2% of blood glucose checks falling within the normal range. This intervention has improved diabetes management.
- Unique Journeys for Whole Person Care: There are four categories among the 499 members in the Diabetes Management Program. These categories are: Active Trackers with high blood glucose checking frequency and the highest proportion of oral medication usage are 18% of this population; Blood Glucose Checkers with largest proportion of Type 1 diabetes and insulin users are at 3%; Newcomers on Track with the lowest proportion of injectable medications are 46%; and Routine Monitors with the longest tenure in the program are 33% of the population.

Diabetes Management –



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- Ready for Care and Utilized Care Dashboard: Of the 2,948 eligible lives, 535 or 18%, are Eligible for Care. 519 lives, or 97% of total lives, are Ready for Care.
- Helping Members Manage Blood Sugar, Build Health Habits and Improve Glycemic Control: In the last 90 days, there were 42 blood glucose readings per member, and 19 active engagements per month. Device monitoring had a 75%-85% usage, self-guided activity had a 70%-80% usage, digital coaching had 40-50% usage, and expert coaching had a 4%-9% usage.
- Member Population Journey – A Look at Your Enrolled Population: Of the 1,325 members ever enrolled, 244 are lapsed and 546 are deactivated, leaving 535 currently enrolled. Of these, 519 are activated, with 472 still activated after 6+ months. Of these still activated after 6+ months, 290 have self-reported blood glucose levels and are observable. The State of Maine's member activation rate of 97% is 12% higher than Book of Business.
- Clinical Outcomes: Average Glycated Hemoglobin (eHbA1c) Reduction: There is a 1.5 point HbA1c reduction for members who started uncontrolled at 6+ months. For every 1 point of reduction, there is a 21% decrease in risk of death, a 14% decrease in risk of heart attack, a 43% decrease in risk of peripheral vascular disease, and an average cost savings of \$4,477 per member. Even if members experience progression of their disease decades after achieving prolonged, excellent control, a durable effect on the reduction of diabetes complications persists. The risks of microvascular complications like eye disease, kidney disease and nerve damage remain reduced, along with reduction in heart attack and stroke nearly 20 years later. This is referred to as "metabolic memory" and is believed to last for at least 10 years.
- Empowering Members to Take Charge of Their Health Journey: In the last 90 days, Utilized Care members with a least one blood glucose check was at 87% with the average number of checks by these members at 42 times in that period. The top five Health Nudge topics were blood glucose checking patterns, monitoring, health summary reports, stress content and nutrition content. 57% of Utilized Care members responded to nudges.



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	<ul style="list-style-type: none">• <u>Net Promoter Score (NPS)</u>: The Net Promoter Score is a measure of loyalty, satisfaction and enthusiasm for services. It's based on member responses to a question asking how likely the member is to recommend Teladoc to a friend or colleague and is calculated from all member responses year-to-date. Livongo's Net Promoter Score is +43 in a range from -100 to 100.	
b. Carrum Health Program – Carrum Health	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Carrum and State of Maine Executive Summary –</p> <ul style="list-style-type: none">• <u>Complete Value-Based Care Solution</u>: Carrum connects members to top providers nationwide, ensuring the highest quality and most appropriate care that is easier and less expensive. Carrum builds a specialty care network, negotiates lower rates that bear risk, make the program easy to adopt, and take care of members.• <u>State of Maine + Carrum Health July 2024 – March 2025 Results</u>: Carrum's program design requires outpatient knee and hip replacements. Bariatric, cardiac, oncology, and other musculoskeletal procedures are voluntary. Member utilization is 34% with 49 surgeries, 16 scheduled episodes of care, and added 23 more qualified members. Carrum has a Net Promoter Score of 75. <p>Network Spotlight: Data Integrity and Ongoing Process Improvement –</p> <ul style="list-style-type: none">• <u>Choose a Center of Excellence (COE) Network Built with C.A.R.E.:</u> Carrum's provider network is Curated for highest quality, puts Appropriateness of care first, offers Risk-bearing providers and has End-to-end transparency.• <u>Carrum's Quality Evaluation Process is Unparalleled</u>: Other Centers of Excellence solutions use standard credentialing which includes licensing, board certification, fellowship, background check, malpractice review, case volume and Center for Medicare Services outcomes which put their centers into the top 25%. Carrum has more than 55 metrics annually reviewed at the facility and surgeon levels, putting their centers into the top 10%.	<p>Labor Member, Danielle Murphy asks: What percentage of surgical patients returned the surveys which were sent to them?</p> <p>Carrum responds: The information is not at hand but can be obtained to provide that answer.</p> <p>Labor Member, Danielle Murphy asks: Is there a mechanism for Commission members to see how criteria for Centers of Excellence are weighted?</p> <p>Carrum responds: They are happy to find mechanisms to share more information which will also allow Carrum to safeguard its confidential business information.</p>



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- Example Deep Dive: Data Metrics Examined for Total Joint Replacement: The evaluation criteria for joint replacement requires a minimum three years of data, an annual recertification and includes facility profile, physician profile, general and inpatient data by surgeon and procedure type, outpatient data by surgeon and procedure type, and appropriateness and standardization considerations by surgeon.
- Example Deep Dive: Site Visit Agenda for Total Joint Replacement: The agenda for a facility site visit includes a facility tour and lens of patient, which includes such things as parking, check in, work up office, operating room, and recovery. Care processes, programmatic elements and patient appropriateness are reviewed, and includes initial evaluation, pre-op, acute care, discharge and post discharge symptom management. Quality improvement areas are also reviewed, including safety culture, data collection and sharing, performance improvement, and team collaboration.
- Carrum's Center of Excellence Governance Program Ensures Top Quality Care and Patient/Provider Experience in an Ongoing Fashion: Carrum employs an ongoing evaluation, feedback and certification process which includes prompt communications, standardization and best practices, ongoing monitoring and re-evaluation of providers annually.
- State of Maine Complications for Hip/Knee Replacements: Complication rates between 2020 and 2024 for hip/knee replacements were almost 5% outside Carrum and 2.5% within Carrum within 30 days of surgery. For 90 days, surgeries outside Carrum had a complication rate of about 8% while surgeries within Carrum were at 5%. In January 2025 a cluster of revision surgeries in 2023 was identified with the assistance of Healthcare Purchasers Alliance and in response Carrum followed protocol, redirecting patients to other surgeons and began an investigation into the cluster.
- Carrum Surgical Procedure Revisions: In 2023, 45 hip and knee replacements on State of Maine patients were performed through Carrum with 3 patients undergoing revisions by November 2024. One member received two revisions. This was a 6.7% revision rate and in comparison, the revision rate for Healthcare Purchaser Alliance's Book of Business was 0% over the same



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	<p>period. The 3 patients who require revisions all had the same surgeon, referred to as "Provider A" for their initial Carrum procedure and excluding this provider, the revision rate is 0% within the State's Carrum program.</p> <ul style="list-style-type: none">• <u>Tracking Surgeon Performance Over Time</u>: The revision rate for hip or knee replacements across the Healthcare Purchaser Alliance's Book of Business outside the Carrum program from 2020-2023 was 0.7% and the State non-Carrum revision rate was 1.6%. "Provider A" performed 42 hip or knee replacements across the Healthcare Purchaser Alliance's Book of Business in this same time frame, as well as 13 replacements on State of Maine patients, and there were zero revisions.	
<p>c. 2023 Carrum Savings Validation – Healthcare Purchaser Alliance</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none">• <u>Background and Methodology</u>: The timeframe of the analysis was January 2023 to December 2023 with claims runout through August 2024. It includes any Carrum surgeries, consultations, pre-consults or exceptions from Anthem and Carrum data feeds for inpatient, outpatient and professional visits.• <u>Analytic Questions</u>: The questions posed for the analysis were:<ul style="list-style-type: none">○ Do Carrum's reported surgical, consult, pre-consult, and exception volumes match the Healthcare Purchaser Alliance data extracts?○ Do Carrum's estimated savings for surgical procedures align with the State's data?○ Do Carrum's estimated savings for avoided surgical procedures align with the State's data?○ Is Carrum's Return on Investment (ROI) consistent with the Healthcare Purchaser Alliance's Return on Investment? <p>Validating Carrum Savings Calculations –</p> <ul style="list-style-type: none">• <u>Carrum Utilization in Health Purchaser Alliance Data Extracts</u>: Carrum's reported utilization for surgical procedures and consults only align with the data extracts they provide to Health Purchaser Alliance. There were 53 Carrum surgical procedures (24 knees, 23 hips and 6 bariatric for \$1,349,735 in surgery fees), 20 Carrum consults only (13 knees, 5 hips, 2 bariatric for	



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\$49,836 in consult fees), and 152 pre-consultations with \$0 in consult fees. The total Carrum spend was \$1,399,561.

- Avoided Surgery Savings Validation: Carrum calculates avoided surgery savings on two distinct populations: patients for whom surgery is inappropriate or unnecessary based on consultation with a Carrum surgeon, and patients who don't meet Carrum's eligibility requirements and aren't referred for surgical consultation. Health Purchaser Alliance calculated avoided surgery savings on the first population only.
- Avoided Surgery Savings Among Patients with a Carrum Consult: Savings from avoided surgeries was \$572,734 while the cost from Carrum consults was \$49,836 resulting in a total Consults Avoided Surgery Savings of \$522,898.

Savings Summary and Return on Investment –

- Total Savings Summary: Case rate surgical savings was \$1,404,861. Added to that is \$522,898 in avoided surgery savings for patients with consultations. This total is reduced by a revision cost of \$232,114 and Carrum per employee per month fees of \$154,000, resulting in a total Carrum program savings of \$1,541,646. The impact is a \$5 per employee cost per month, which is \$60 per member per month annually.
- Total Savings Summary and Return on Investment (ROI): The Health Purchaser Alliance calculates the State's Carrum Return on Investment at 11:1 based on a combination of surgical case rate savings, consults with avoided surgery savings, and revision costs.
- Bottom Line: What if Carrum's "Avoided Surgery" savings were excluded altogether? The State's \$154K investment in Carrum yielded \$1.4M in surgical case rate savings from January 2023 to December 2023, which is a 9:1 Return on Investment, but after accounting for \$232K in revision costs, total savings were \$1.17M, a Return on Investment of 7.6:1. Carrum's direct contracts and preferred pricing deliver significant savings.



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

a. Maine State Law Enforcement Association Letter – Co-Chair

Labor Member, Jonathan French presented a letter in response to a written request from the Maine State Law Enforcement Association to discontinue the joint replacement mandate with Carrum Health as part of the State of Maine Health Plan. The original response letter, which had been presented at the previous meeting, was revised with input from Commission members to the final form presented at this meeting.

Labor Member, Kevin Dionne made a motion to approve the letter to the Maine State Law Enforcement Association as revised. **Labor Member, Rebekah Koroski** seconded the motion. Motion passed.

b. Health Commission Member Access to Vendor Contracts – Co-Chair

Labor Member, Jonathan French reported that there has been some movement on obtaining access to vendor contracts for review by Commission members. A confidentiality statement to be signed by Commission members prohibiting sharing or publicizing of any proprietary information contained in contracts has been drafted. A finalized draft must first be sent to the Office of the Attorney General for review before it can be presented to Commission members.

Clerk, Devon French confirmed that the Chairs will discuss the roll call as part of the monthly meeting prior to the Commission meeting.

c. Open Discussion

Management Member, Frank Wiltuck asked that if the Chairs engage in a “meeting within a meeting” or a poll among Labor members, that attention is brought back to members who may have input before a vote is taken.

Management Member, Frank Wiltuck expressed his opinion that members of the public in attendance should be allowed to remain anonymous when roll is called. **Clerk, Devon French** responded that members of the public who wish to remain anonymous aren’t requested or required to identify themselves and roll call is only for the purpose of identifying expected and invited attendees, which includes Commission members and vendors; however, there were concerns raised as to whether members of the public may feel compelled to identify themselves as being in attendance.

a. VIII. Adjourn Meeting (11:46 am)

Labor Member, Kevin Dionne made a motion to adjourn; **Labor Member, Lois Baxter** seconded the motion. Motion passed.



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