**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, March 10, 2016 @ 8:30am**

**Maine State Library, Augusta**

Commission members in attendance: Bret Achorn, Diane Bailey, Lois Baxter, Chris Brawn, Eric Cioppa, Sandra Doyon, Jonathan French, Becky Greene, Terry James, Jan Lachapelle, Lew Miller, Karen O’Connor, Robert Omiecinski, Joyce Oreskovich, Wanita Page, Nickole Wesley (via phone) (total = 16)

Commission members absent: Lauren Carrier, Laurie Doucette, Ellen Hughes, Kelly John, Jim Leonard, Carrie Margrave, Sam Teel

Others present: Brian Crockett (appointment pending), Cecile Champagne-Thompson (via phone) – Maine Turnpike Authority; Kurt Caswell, Shonna Poulin-Gutierrez, Heather Albert – Employee Health & Benefits; Susan Avery, Sabrina DeGuzman-Simmons, Louise McCleery, David Norton, Mark Santos, Krista Sperry, Bob Downs – Aetna; Burr Duryee – USI; Sara Fitzgerald – Maine Health Management Coalition

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| Agenda Item | Discussion | Action/Next Steps |
| I. Call to Order (8:40am) | Joyce called the meeting to order |  |
| II. Introductions | * Welcome Brian Crockett, new Commission member representing AFSCME/labor.
* Final meeting for Jan Lachapelle who is retiring from the Maine Community College System.
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| III. Review & Approval of Minutes (February 11, 2016) |  | Bret made motion to accept the minutes as amended; Lois seconded. Motion passed. |
| *IVa. UPDATES- MONTHLY* |
| a.i. Aetna Monthly Report – Point of Service Plan *Susan Avery, Louise McCleery* | Information contained in written report; highlights noted below:* Report included new information regarding the impact of the medical catastrophic claimant experience
* Terry James asked if the current medical spend of $38M for the high cost claimants included prescription claims. Yes, Susan Avery confirmed Rx is included.
* Disease Management program recommended
* Bret Achorn asked about the transfer of data to a possible new vendor (confirmed it can be transferred)
* Eric Cioppa raised the question about the Accountable Care Organization’s (ACO) responsibility for disease management
* Lois Baxter noted the higher level of services and interaction reported in a disease management program; higher than typical oversight from ACO attribution. Discussed inability of ACO’s to mine through large amounts of data to determine all disease management issues. In addition, not all members are in an ACO.
* Louise McCleery reviewed additional exhibits. Discussed level of interaction.
* Louise clarified the “sensitivity” pertaining to Aetna review by turning up the system filter; produces higher outcome.
* Chris Brawn asked about the differences regarding case managers. The Aetna Flex III program is about sensitivity of disease management triggers. It looks for non-critical indicators in addition to any potential (future) high cost claimants.
* Bret Achorn asked about pushing along the ACO’s technical capabilities to examine disease management cases. Louise confirmed that MaineGeneral, MaineHealth & Beacon are moving towards single data reporting.
 | Susan Avery will break out the medical and Rx claims for the high cost claimants. |
| a.ii. Aetna Monthly Report – Medicare Advantage Plan*Sabrina DeGuzman-Simmons* | Information contained in written report; highlights noted below:* Review of PCP visits with $0 copay
* Wanita Page asked how many members have had a PCP visit. Total for current period is 8,020 (per page 5 of the monthly report).
* Sabrina Simmons stated they are looking into emergency room visits
* Discussed the “warm transfer” of members turning age 65 in the Point of Service plan to the Medicare Advantage plan. Subscriber could go directly into the MA disease management program. Also discussed clinical information passed for CMS as requirement. Goal to release to home health vs. a skilled nursing facility (after a longer hospital stay).
* Rx and medical trends down while member deductible cost share is up
* Top 10 diseases matches POS plan data
* Focus on disease management of older subscribers
 | Sabrina Simmons will provide readmission data as requested by Bret Achorn. |
| a.iii. Accountable Care Organizations*Louise McCleery* | Information contained in written report.* See above
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| a.iv. Plan Experience Summary*Burr Duryee, USI* | Information contained in two reports: Paid Claims Over $250,000 from July 1, 2015 – June 30, 2016 and Rolling 12 Months February 2015 – January 2016 Actives and Early Retirees POS Plan. Highlights include:* Review of claims paid vs. premiums received. Loss ratio 102.8%.
* Predicted trend increase for 2017
* Chris Brawn asked the Commission if they had any suggested edits to these new reports. Eric Cioppa asked if there was a figure available based on normality/seasonality.
* Diane Bailey asked if report included the run out. Burr Duryee since this is a paid claims report, there is a run in and a run out that tend to balance out.
 | Burr Duryee will provide rolling 12 month plus plan year. |
| a.v. Executive Summary Discussion*Employee Health & Benefits* | Information contained in written Executive Summary report:* Chris Brawn informed the Commission that the ACO contract is almost final. Starting FY17 ACO contract. Discussed issue of the status of the MaineGeneral refund due to the State of Maine.
* Subcommittee review (see below)
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| *IVb. UPDATES - BIANNUAL* |
| b.i. Dental Plan Report*(Provided in September and March)**Northeast Delta Dental Representatives* | n/a – Delta Dental did not attend; contract being negotiated for July 1, 2016. |  |
| b.ii. Employee Assistance Program Report*(Provided in October and April)**Jim O’Connor* | n/a |  |
| V. Other Business |  |  |
| 1. Tiering Initiative Discussion

*Chris Brawn, Kurt Caswell & Burr Duryee* | Chris Brawn, Kurt Caswell, USI, Aetna and the Maine Health Management Coalition met to discuss the tiering methodology. Currently any hospital associated with an Accountable Care Organization contract is considered preferred or “tier 1”. Other hospitals (not in an ACO) have to have a corrective action plan in place if they do not meet the required quality measures. The question raised to the Commission is to consider whether or not to stay with the current methodology or move to a different option. Chris Brawn offered five concepts to consider (noted in the Executive Summary). Chris reminded the Commission that these are just options for consideration. * Karen O’Connor noted the importance of communication (to the hospitals) if a change in methodology were to be adopted. We need to provide ample notice if we phase into a new process.
* Eric Cioppa noted the importance of having the methodology be transparent, measurable and manageable
* Jonathan French requested clarification regarding option 4. Currently, the ACO arrangements are not standardized.
* Kurt Caswell noted that option 4 would apply an upfront filter (vs. the current process of reconciling at the end of the contract where cost sharing comes into place now)
* Joyce Oreskovich stated that even considering option 4, not all hospitals are not in an ACO, which leaves us where we are today.
* Hospitals haven’t gone through the tiering process in 18 months. Karen O’Connor would like to see the data to know where each hospital ranks now before moving forward. Chris Brawn can provide that information however the data will be old since we no longer have the OnPoint report (for cost).
* Eric Cioppa asked if there was any legislative impact that needed to be considered
* Jonathan French and Bret Achorn noted the importance of advertising the cost tools (e.g. Aetna Navigator, CompareMaine, etc.)
* Chris Brawn suggested that new methodology should work together with ACO & tiering and not against each other
* The Commission agreed to eliminate options 1 & 5
* Louise McCleery posed the question to the Commission - what is the gateway to get in (become preferred)? Quality or cost (not both)? Start with quality without discounting cost.
* Joyce Oreskovich raised the concern over the feasibility of managing some of the proposed options. Chris Brawn suggested we would rely on our partners (e.g. USI).
* Joyce Oreskovich suggested an entire meeting be devoted to this topic. Possibly have Ted Rooney to come in to facilitate the discussion.
* Timing concern. The current ACO agreements are going to start to expire (on various dates).
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| Break: 9:50am – 10:05am |  |  |
| 1. Plan Design Direction

*Kurt Caswell* | Information contained in Power Point presentation:* Eric Cioppa asked about the trend of the current plan deficit. Predicted to be approximately $12M.
* Kurt Caswell will prepare a few scenarios for the plan design committee to consider and eventually report out to the full commission at the April meeting
* Kurt reminded the group that the amount of the potential premium increase is limited or capped by State statute
* Jonathan French raised the concern that as the deductible increases over time, members may avoid care
* Diane Bailey asked about possibly adding a new concept to the plan
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| 1. Retreat Discussion

*Chris Brawn* | Chris Brawn notified the Commission that there are no resources to hold a retreat in 2016. However, there are two extra meetings on the meeting calendar; consider dedicating one to just tiering. Discussion:* Bret Achorn suggested we hire someone to plan a longer retreat
* Jonathan French requested an “orientation” for the new members to understand the plan finances (e.g. stop loss). Nickole Wesley supported this idea. Joyce Oreskovich noted this is an on-going challenge as members come and go periodically. This would not be considered a retreat. (MSEA organized and hosted the last new member orientation.)
* Discussed the possibility of structuring the day with vendor partners based on a relevant topic.
* Karen O’Connor suggested we split the day. For example, strategic planning session in the morning and teiring methodology in the afternoon.
 | Joyce Oreskovich moved that we contract with Ted Rooney to facilitate the June 2016 meeting that will be dedicated to tiering and ACO’s. Bret Achorn seconded. Motion passed.Continue discussion on how to use the other “extra” meeting. Chris Brawn will add to next agenda the continued discussion on how to best use the other extra meeting in the schedule. (12 scheduled but only 10 required.) Heather Albert will check with Kaplan regarding the availability of the classroom for the full day. |
| 1. Subcommittee Members and Participation

*Chris Brawn* | Chris Brawn provided the current standing and ad hoc subcommittee listing to the Commission members. Recommended changes include:* **Standing committees:**
* Appeals committee: No changes
* Legislative committee: Bret Achorn was named the committee chair, added Diane Bailey and Lois Baxter
* Plan design committee: Added Diane Bailey and Brian Crockett
* Wellness committee: Karen O’Connor was named the committee chair, added Brian Crockett
* **Ad hoc committees:**
* Accountable Care Organization (ACO) steering committee: Add Wanita Page who was also named chair and added Bret Achorn
* Eliminated three remaining ad hoc committees: data analysis and reports, member education and empowerment and Rx purchasing committees. (Chris noted that ad hoc committees may be added in the future as needed.)
 | Bret Achorn made a motion to dissolve the three ad hoc committees recommended; Rob seconded. Motion passed. |
| VI. Adjourn Meeting (11:30am) |  | Lois made a motion to adjourn the meeting; Eric seconded. Motion passed and meeting adjourned. |

*Upcoming Meeting Dates:*

* *May 12, 2016*
* *June 9, 2016*
* *July 14, 2016*