**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, April 14, 2016 @ 8:30am**

**Kaplan University, Augusta**

Commission members in attendance: Bret Achorn, Diane Bailey, Lois Baxter, Chris Brawn, Sandra Doyon, Laurie Doucette, Jonathan French, Becky Greene, Ellen Hughes, Terry James, Kelly John, Jim Leonard, Karen O’Connor, Robert Omiecinski, Joyce Oreskovich, Wanita Page, (total = 16)

Commission members absent: Lauren Carrier, Eric Cioppa, Brian Crockett, Carrie Margrave, Lew Miller, Sam Teel, Nickole Wesley

Others present: Cecile Champagne-Thompson – Maine Turnpike Authority; Claire Hassler – Maine Community College System; Kurt Caswell, Shonna Poulin-Gutierrez, Heather Albert, Erica Ouellette – Employee Health & Benefits; Susan Avery, Sabrina DeGuzman-Simmons, Louise McCleery, David Norton, Mark Santos, Bob Downs – Aetna; Amy Deschaines, Bill Clifford – USI; Jim O’Connor – ComPsych; Bill Whitmore, Jodi Collins – Anthem; John Novak, Victoria Christopher – Northern New England Diagnostics

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| Agenda Item | Discussion | Action/Next Steps |
| I. Call to Order (8:31am) | Wanita Page called the meeting to order |  |
| II. Introductions | Commission members were asked to answer the following upon introduction:   * Name/background? * Why are you on the Commission? * How long have you served?   Welcome Claire Hassler. Claire is replacing Jan Lachapelle on the Commission. |  |
| III. Review & Approval of Minutes (March 10, 2016) |  | Bret Achorn made motion to accept the minutes as written; Lois Baxter seconded. Motion passed. |
| *IVa. UPDATES- MONTHLY* | | |
| a.i. Aetna Monthly Report – Point of Service Plan  *Susan Avery* | Information contained in written report; highlights noted below:   * In response to a question from the March meeting, information is included on page 3 of the report regarding the Rx costs for the high cost claimants |  |
| a.ii. Aetna Monthly Report – Medicare Advantage Plan  *Sabrina DeGuzman-Simmons* | Information contained in written report; highlights noted below:   * Two member mailings have gone out. One regarding osteoporosis to members who have recently suffered a fracture. The second for members who have filled a name brand prescription when there is a generic available. Generic medication is not mandatory on the Medicare Advantage plan. * Services associated with Aetna’s Compassionate Care Program are included in this month’s report. Confirmed there is also a palliative care component on the POS plan. |  |
| a.iii. Accountable Care Organizations/Disease Management  *Louise McCleery* | Information contained in written handout. Discussion below:   * Reviewed the Accountable Care Organizations (“ACO’s”) on the Medicare Advantage plan, which are performing better than the market. Higher risk score compared to rest of the comparison population although some quality metrics are below the target. * Challenge in getting the actual test results versus just the medical claim. The data is out there; just trying to figure out how to get it from the doctors & Health InfoNet and report on it in aggregate. Discussed reporting based on risk scores. Will continue to track and provide information. * Jonathan French asked about the emergency room utilization. Needs more of a drill down to determine if the cause is accessibility or another issue yet to be identified (e.g. seasonal travel for retirees). * The 2nd report addressed high cost claimants (Rx not included). Going forward, this will match the Point of Service data with Medicare Advantage report ($75,000 - $250,000). ACO’s have 12,633 attributed members (excluding Beacon Health). There are 185 members where claims fall between $75,000 - $250,000. |  |
| a.iv. Plan Experience Summary  *Amy Deschaines, USI* | Information contained in two reports: Rolling 12 Months Point of Service Plan & Paid Claims over $250,000. Highlights include:   * Loss ratio of 3.4% * Karen O’Connor inquired about the increase in admin fee from July to August. * Diagnosis for high cost claimants reviewed. | Amy Deschaines will look into the increase in the admin fee. |
| a.v. Executive Summary Discussion  *Employee Health & Benefits* | Information contained in written Executive Summary report:   * Chris Brawn informed the Commission about the reminder e-mail that was sent by WellStar to the 3,900 members, some of which was in error (e.g. sent to spouses). Employee Health is working with Medical Care Development to correct the error. * Kelly John raised the concern about the confusion regarding the Health Credit confirmation. * Bret Achorn inquired about the timing of the tiering information and discussion. Chris Brawn confirmed targeting the June meeting. * Kelly John asked about the status of the Northeast Delta Dental contract. Kurt Caswell confirmed that the only plan enhancement will be that white fillings will be covered for all teeth. Amy Deschaines mentioned some additional negotiations around performance guarantees. Kelly would like to see additional plan design changes in the future. |  |
| Break: 10:04am – 10:21am |  |  |
| *IVb. UPDATES - BIANNUAL* | | |
| b.i. Dental Plan Report  *(Provided in September and March)*  *Northeast Delta Dental Representatives* | Delta Dental update will be rescheduled after contract is finalized (May or June) |  |
| b.ii. Employee Assistance Program Report  *(Provided in October and April)*  *Jim O’Connor* | Information contained in a Power Point presentation and two additional reports provided.   * Jim O’Connor reviewed the Power Point presentation focusing on the utilization of the employees. The State of Maine is at an 8% usage versus the 7% typical government use. * Karen O’Connor asked about the network coverage. Jim provided network statistics to the group. * 30% of the referrals come in from Human Resources. Kelly John asked about the HR referral process. * Claire Hassler asked if there is a designated resource for supervisors and managers. Jim noted they have a designated team for that to provide assistance with employee issues. Claire followed up with a question about the coordination with the health plan. Jim confirmed ComPsych can also check to see if the Living Resources Program’s provider is also in the Aetna network. * Bill Clifford asked about negotiated rates with providers. Jim confirmed that they are all different (between LCSW’s vs. PhD providers). * Karen O’Connor noted elder care is high on report. | Increase communications to family members and look at training opportunities. |
| V. Other Business |  |  |
| 1. Aetna Financial Accounting Review   *Susan Avery* | Information contained in written reports provided. Highlights below:   * The claims increase in October & December was due to high cost claimants and utilization. This information is being reviewed monthly and provided to Kurt Caswell & USI. * There are two accounts: 1. Money (from various sources) is being deposited. Expenses are paid from this account including claims, administration fee, stop loss premium, $7.5/employee admin fee (which is sent back to EH&B). 2. Funds left over from account #1 is transferred into an interest bearing account per agreement (made back in 2012). * Karen O’Connor asked if the Accountable Care Act fees are going down again. Yes, per Kurt Caswell. |  |
| 1. Plan Design Subcommittee Recommendation   *Kurt Caswell, Joyce Oreskovich* | Information contained in spreadsheets provided. Discussion below:   * Kurt Caswell provided the Plan Design Committee’s recommendation and an alternate recommendation * The Plan Design Committee’s recommendation is to increase premiums for both the employee and employer by approximately 4.4%, increase the deductibles to $600/$1,200 in-network and $3,000/$6,000 out-of-network and office visit copays to $20 preferred PCP, $40 all other in-network PCP and $30 specialist. * Karen O’Connor noted that preventive services are still provided at no cost * Jim Leonard suggested cost sharing is driving (member) decision making. Other considerations - medical inflation, utilization, etc. Are there portions of the costs that are more controllable than others? Consider holding the Accountable Care Organizations more accountable? Case management for high cost claimants; intervene at an earlier stage. Amy Deschaines mentioned the components from various contracts and should be addressed during the RFP process. | Karen O’Connor made a motion for to accept the Plan Design Committee’s recommendation as presented effective July 1, 2016. Bret seconded. Motion passed. |
| 1. Pharmacy Benefit Management   *Bill Clifford, USI* | Information presented via Power Point. | Wanita Page recommended we remind our members to take advantage of the various drug manufacturer programs. |
| VI. Adjourn Meeting (11:53am) |  | Lois Baxter made a motion to adjourn the meeting; Bret Achorn seconded. Motion passed and meeting adjourned. |

*Upcoming Meeting Dates:*

* *May 12, 2016 \*New Location!\* Maine State Library*
* *June 9, 2016 (Kaplan)*
* *July 14, 2016 (Kaplan)*