



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, May 19th, 2022 @ 8:30am
Microsoft Teams Meeting**

Commission Members in Attendance: Diane Bailey, Lois Baxter, Claire Bell, Cecile Champagne–Thompson, Lynn Clark, Laurie Doucette, Jonathan French, Kelly John, Rebekah Koroski, Peter Marcellino, Lew Miller, Heather Perreault, Michelle Probert, Heidi Pugliese, Shonna Poulin–Gutierrez, Michelle Probert, Joanne Rawlings–Sekunda, Jeremy Roberts, Kim Vigue & Frank Wiltuck
(Total = 20)

Commission Members Absent: Robert Omiecinski, Angela Porter
Vacant Seat(s): 3

Others Present: Paige Lamarre, Emma–Lee St.Germain, June Soucy, Joan Hanscom, Emily Charlton, Doris Pietroski – Employee Health & Wellness; Breena Bissell – Bureau of Human Resources/DAFS; Sabrina DeGuzman–Simmons & Kevin Fenton – Aetna; Stephanie Pike, Lisa Lagios, Jonathan Edwards, Andrew Ellis & Kristine Ossenfort – Anthem Blue Cross and Blue Shield; Ed Pierce, Amy Deschaines, Ken Ralff, Kelsey Russell – Lockton; Libby Arbour & Connor Huggins – MCD Public Health; Peter Hayes, Lisa Nolan, Trevor Putnoky – Healthcare Purchasers Alliance; Emily Kovalesky, Katie Harris, Mark Souders, Elaine Larue – Maine Health; Jackie Little – Legislature; Lynn Hadley, Kristen Williams & Matt Stone – MedImpact; Marie Bridges – Northeast Delta Dental; Amy Wagner – Social Security Administration; Tom Farkas, Dean Staffieri, Luanne Collins – Maine Service Employee Association; Julie Gagne, Trish Neadeau, Cynthia Barre, Kim Davis, Keith Fougere, Mary Hooper, Violet Hyatt, Sherry Ingalis, Lisa Lewis, Amanda Maley–Alley, Pamela Stutch – Maine Bureau of Insurance; Reina Ayala – Division of Disease Prevention; Thomas Bell; Ted Brown; Cindy Walsh – Humana; Robert Condon – SOM Programmer Analyst; Elaine L. Corrow – SOM Revenue Services; Mark McCue – Maine DOT; Denise Finn McDonough; Catherine Paglio – Office of Child & Family Services; Sheila Single – Maine House of Representatives; Marc Theberge – Secretary of State Bureau of Motor Vehicles; Anya Trundy – Department of Administrative and Financial Services; MaryAnne Turowski – SOM Senior Policy Advisor/Legislative Affairs; Justin Whalen – SOM Consumer Assistance Specialist

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:31am)	Jonathan French called the meeting to order.	
II. Introductions		
III. Review & Approval of Minutes (April 21st, 2022)		Lois Baxter made motion to accept the minutes; Peter Marcellino seconded the motion. Motion passed.
	IV. Recurring Monthly Business	



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a. Highlights - Employee Health & Wellness - Shonna Poulin-Gutierrez

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

- Anthem Medical Highlights: The most recent Anthem report indicates that membership has decreased by 3.2%. There is a total of 25,591 members. Current medical spend is up 10.5% from prior period. \$664 Per individual per month. 22% increase.
- Top Three High-Cost Claimants Conditions: Neoplasms-Malignant, Circulatory System, Musculoskeletal System (Knee & Hip Replacement, Carrum).
- Medicare Medical Highlights: There are 9,021 members. There is a 11.8% increase in office visits for the month of May.
- Committees: No committee meetings were held in the month of April. Put committee membership on website.
- Pharmacy Highlights: Generic substitution rate remains the same. Great generic utilization.
- Wellness Highlights: 477 Members enrolled in Livongo Program. The deadline to complete the 2022 HPCP requirements was April 30th, 2022. As of May 12th, 2022, a total of 7,270 plan members completed all the program requirements.
- Communication Highlights: Two statewide emails were distributed in the month of April to all active employees to remind them of the 2022 HPCP deadline, one on April 4th, and the second on April 25th. A postcard was also mailed to all active employees. Click rate low.
- Contract Highlights: The Office of Employee Health and Wellness continues to review contract timelines. The RFP review process for vision has been extended. The Dental RFP is ready to be released. Need more time to review the Vision contract.

The Aetna report will be corrected and sent out to commission members soon.

b. Financial Update – Frank Wiltuck

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

- Expenses Over Revenue: We have put another 2.3 million back in the fund. In 2 more months, we will have the final years numbers.
- Balance Sheet: \$203M in/ Equity for State Fiscal Year 2022
- Operating Statement: Revenues over Expenses \$-9M

V. QUARTERLY PLAN UPDATES



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**a. Plan Experience Summary
(Active Medical and Dental)
– Ken Ralph**

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

- Medical/Rx: PYTD Medical/Rx Claims + Fixed Costs (less ISL reimbursements) represent 95.4% of budget (0.6% increase from prior month).
- Large Claims: Thus far, there are 0 large claimants who have surpassed the \$750K ISL. There are 33 claimants who have surpassed \$275k in claims for the current plan year. There was no additional reimbursement in the month of March.
- Dental: PYTD Paid Dental Claims + Fixed Costs represent 88.2% of budget (0.5% increase from prior month). Slight surplus.
- Summary of Administrative Payment: Carrum fees irregular. MedImpact fees pick up with new contract. Delta and Sunlight premium are consistent month to month.
- Monthly Experience Report: Medical and dental claims data through March displayed for the current plan year and previous year. Rebates get credited quarterly. Numbers reflects dollars paid back to the state. Monthly net claims (PE) – consistent number. Trying to reduce surplus with premium holidays. There is a significant lag in payment rebates.
- Impact of Premium Holiday: Premium holiday reduces the surplus significantly. We’ve accumulated 8 million in surplus. Revenues are catching back up. We will see downward trend.

**b. State of Maine Health Plan
Medical Update – Lisa
Lagios, and Denise
McDonough**

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

- Anthem/Maine Health Update: Maine is experiencing an increase in healthcare costs that are not sustainable. Anthem is committed to resolving these issues. Anthem believes an overcharge is occurring by Maine Health. Maine Health has not provided the requested data. After months of discussion, Anthem took discount offset (reduction in reimbursement) per contract (Sep. 2021). This does not correct previous balances owed. Maine Health receives PIP and are paid in advance.

Michelle Probert would like to hear perspective of Maine Health/MMC regarding Anthem matter.



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- Financials & Demographics: The membership decreased 3.2%, Average contract size was 1.8, Females 52% / Males 48%, Average Member age 39 / Employee age 50.
- Monthly: \$13.7M - March 2022 Medical Spend up 18% from February 2022 - Total Population Claims: \$13,685,149.
- Quarterly: \$37.7M Q1 2022 Medical Spend down 18% from Q4 2021 - Total Population Claims: \$37,745,823.
- Plan YTD: \$127.3M Current period Medical Spend up 6.7% from Prior Period - Total Population Claims: \$127,316,944.
- Rolling 12 Months: \$171.0M Current period Medical Spend up 10.5% from Prior Period - Total Population Claims: \$171,031,727.
- Settings of Care Insights: Acute admissions increased 17% from prior period, while cost per admission decreased 11%.
- Clinical Insights: Prevalence of obesity increased 15% since prior period. Prevalence of Coronary Artery Disease (CAD) increased 8%. Prevalence of Diabetes increased 5% from prior period.
- Emergency Department: Total ED Visits 5,033. 7% of total medical spend. 195.4 visits per 1,000 members. \$2,208 average cost per ED. \$35.95 ED PMPM, 33% Increase ED PMPM trend, 12% ED resulted in admission. 1,993 Avoidable ED Visits. Advising employees there are alternatives to the ER.
- High-Cost Claimants Details: 23 less high-cost claimants from prior period. 11 additional claimants hit the \$100K+ threshold. 251 claimants accounted for \$49.7M in spend. Same top 5 HCC conditions as prior period.
- Preventive Screenings: Membership compliance with Preventive Care Screenings and Immunizations had the greatest difference from the Anthem Benchmark for these categories: Well Adult Visits - Men 18+ through 64 years +15.7% variance from the benchmark. Well Adolescent Visits -12 through 17 years +14.7% variance from the benchmark.
- Paid Claims Distribution: There are 2,201 total unique members who have not filed a claim during the time-period represented on this report. 47.6% of members had less than \$1,000 in medical plan paid benefit coverage in the current period.



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	<ul style="list-style-type: none"> • <u>Engagement Summary</u>: Total Members 25,756, Risk 1.7, Total Dollars \$171,031,727, PMPM \$553.37. Not able to reach members. Needs accurate phone numbers info for members. • <u>Top in Network Provider</u>: (Inpatient) Maine Medical Center- Scarborough, paid amount \$5,782,429, (Outpatient) Maine General Medical Center, paid amount \$10,394,524. • <u>Top ER Provider by Paid Amount</u>: Maine General Medical Center – Winthrop, paid amount \$1,215,998. Numbers might change with Convenient MD opening in Augusta. • <u>COVID-19 Results as of May 9, 2022</u>: Members fully vaccinated 6,735. Members partially vaccinated 630. Total vaccines administered 12,987. Confirmed cases after vaccination 426. 3000+ members with positive diagnosis. • <u>High Level – Administrative Fees & Claims</u>: March 20, 2022 – Administrative Fees – Medical, \$392,693.39. Claims – Medical \$12,523,921.58. State surcharges & fees \$47,088.64. MGARA \$15,440.00. 	
<p>c. State of Maine Health Plan Pharmacy Update - Kristen Williams and Matt Stone</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Performance Overview</u>: Total Cost \$15,855,719, Total Plan Paid \$15,048,727, Plan Paid PMPM \$192.17, RX – up \$10.00 from last quarter. Count 61,800 • <u>Major Trend Drivers</u>: Plan paid PMPM trend Up 5.6% (Volume of claims, inflation by 1%), Benchmark PMPM trend down -3.4%. • <u>Specialty Overview</u>: Change in specialty as a % of the total plan paid-down -0.2%, Specialty PMPM trend up 5.2%, Specialty volume – no change. • <u>Key Performance Indicators</u>: Rx Count 61,800, total cost \$15,855,719, plan paid \$15,048,727, eligible member months 78,309, utilizing members 37.9%, plan paid PMPM \$192.17, Generic Rx 83.6%, Rx PMPM 0.79, specialty plan paid 55.2%, non-specialty plan paid 44.8%. COVID vaccine paid for by government. • <u>SOM Vaccines Offered at \$0 Co-Pay</u>: Most to least used - COVID-19, Shingles/HZ, Flu/Influenza, Pneumonia, Varicella/Chickenpox, 	



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	<p>TD/TDAP, HPV, MMR, Hepatitis A & B, and Meningococcal. If deemed medically necessary-no age requirement.</p> <ul style="list-style-type: none"> • <u>Top Retail Chain:</u> Walgreens, utilizer count 5,438, total cost \$2,024,469. 18,946 prescriptions. • <u>Clinical Overview:</u> Top Therapeutic Classes - inflammatory diseases, NSAIDS needed for pain relief. PMPM for generic medication increased to \$4.64. • <u>Top Drug Entities:</u> Stelara, Humira (CF) Pen, Trulicity. 	
<p>d. Medicare Advantage Plan Update – Sabrina DeGuzman-Simmons</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Membership Demographics:</u> 9,021 Members, 75.0 Average Age, 75.3 Aetna BOB Average Age 49% Male – 51% Female • <u>Performance Highlights:</u> 12.2% decrease in inpatient admits per 1,000. 11.8% increase in office visits per 1,000 members. 15.7% increase in % of ambulatory surgeries. • <u>How Our Programs are Performing Cost-wise:</u> Key takeaway 18.1% increase in ambulatory paid. Trending back to pre-COVID levels. Total cost/paid amount, pharmacy spend down to single digits. Medical spend (13%) is increasing. • <u>Primary & Specialist Physician Office Visit Utilization:</u> Paid per visit Primary Physician increase change - 9.0%, Specialist Physician increase change – 15.4%. • <u>How Members are Utilizing Services (Per 1000 Members in 2022):</u> Admissions (Acute 139, Non-Acute 19), Days of Care Admissions (Acute 958, Non-Acute 579), Average Length of Stay (Acute 6.9, Non-Acute 30.2), Surgeries (Inpatient 107, Ambulatory 1,872), Visits (Office 7,615 – ER 505). Key takeaway – decrease in acute admission. Increase in office visits. • <u>10 Medical Catastrophic Claims Total:</u> Inpatient (\$8,314,055) Ambulatory (\$9,868,601) Totaling \$18,182,656 • <u>State of Maine Medicare Advantage Diagnosis Categories:</u> Cardiac, Oncologic, Musculoskeletal, Digestive, Neurologic, Nonspecific, Eye, Infectious, Endocrine/Metabolic, Rheumatologic, Respiratory, Skin, Renal, Urologic, Injury/Poisoning, & All Other DX Categories. • <u>Top Medical Providers (Total Percentage Paid & Paid Per Claimant (PPC)):</u> Maine Medical Center (10.2%, PPC \$3,799), Maine General 	



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	<p>Medical Center – Augusta (7.5%, PPC \$2,765), Northern Light Eastern Maine Med Center (6.5%, PPC \$5,588), Central Maine Medical Center (2.4%, PPC \$2,670).</p> <ul style="list-style-type: none"> • <u>Program Annual Results:</u> State’s Value – Added Programs Annual Review – Meals Post Impatient Stay: Unique Members 563 (FY20), 567 (FY21), 17 (Q1-2022). • <u>Access to Fitness Benefits from Anywhere:</u> Silver Sneakers – 9,501 Eligible Members, 19% Retirees Enrolled, 7.1 Average Visits Per Participant 	
<p>e. State of Maine Dental Plan Update – Marie Bridges</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Oral Wellness & Benefits Utilization:</u> State of Maine: slight increase in claims in past 12 months. Compared to claims from this 12-month period to prior 12 months. Membership is down 2.39%. ACPC down and ACPEPM is up. Back to pre-COVID numbers. May take longer to get back into Dentist – shortage in hygienists. • <u>Claims Comparison Report:</u> Average cost per employee up from 2020 due to COVID. • <u>Claims Utilization:</u> Claims coming from subscriber spouse and dependents. 53.73% spent on preventative and diagnostics. • <u>Experience with Member Counts:</u> • <u>Network Utilization & Savings Report:</u> Plan broken out into categories. Premiere Network, SOM Specific Network (315 dentists) – Growth in both networks. • <u>Oral Wellness & Utilization Summary:</u> 31 % has not seen dentist in last 12 months. Trying to target members that are not seeing a dentist thought communications. • <u>Oral Wellness Overview:</u> Close to book of business. No care slightly higher than normal. (31%) Looking to find a way to reach out to members who have not had a cleaning. • <u>Members Oral Health by Age Group:</u> No care visits by age group. 4-12 years old Lowest no care visit and highest low risk. • <u>Members Oral Health Trends:</u> Consistent over last 4 years. Small increase 20’-21’. Leveling back off in 2022. Should see improvement. 	



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- No Care: Members not going to the dentist. Male group higher than female group.
- HOW Clinical Risk Assessments:
Number of Non-qualified Risk Assessments: 735
Number of Qualified Risk Assessments: 7,288
Number that did not have a Risk Assessment: 14,200
Total Covered Members: 22,223
- HOW Qualified Members Receive Enhanced Benefits:
6,132 qualified members received enhance benefits.
- Assessment, Risk, Severity: Oral risk assessments have increased. Tooth decay risk score 4.1-4.3%. Gum disease risk score stayed the same. Gum disease severity score has decreased.
- New Benefits as of July 1st, 2022: three new benefits for July 1st adult orthodontics, night guards (Coverage B), and increasing the maximum. Double up maximum – if you have at least one cleaning/exam and fewer than \$500.00 expenses you are eligible to accrue \$250.00 each year up to \$2000.00 annual maximum. The maximum increase begins accruing in January.

VI. EDUCATION

Highlights and discussion noted below:

- No items brought to the commission.

VII. SEMI-ANNUAL UPDATES

**a. Carrum Health Program –
Jess Rengstorf**

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

- State of Maine Performance Overview: Isolated 2021 - 5% utilization, \$1 million savings, 96 net promoter score among members.
- 2021 Awareness Overview: Paige Lamarre, EHW Communication Coordinator and Carrum coordinated communications. A broad mailer was sent to everyone enrolled in medical plan.
- 2021 Transaction Overview: 231 registered, 102 created episodes, 19 received consultations, 13 surgeries completed.
- 2021 Completed Surgeries & Consults: Hip & knee through spectrum health.



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	<ul style="list-style-type: none"> • <u>2021 Savings Overview</u>: Member savings \$13,000. • <u>Carrum Roadmap</u>: H1'22 Sports Medicine geographic expansion, oncology expansion, general surgery. H2'22 Oncology expansion, additional geographies, as well as women's health/maternity care. • <u>Cancer Care Bundles</u>: First-ever cancer care bundles drastically change how employers & patients pay and experience care. Guidance, Treatment. • <u>General Surgery & GYN Services Lines</u>: Offers General Surgery, Women's Health/Maternity Care. • 	
<p>b. Hinge Health Program – Vince Shea</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Program Overview</u>: MSK Care supports prevention, acute, chronic, COE, surgery. Identifying high risk members before they become high-cost members. Learning healthy lifestyle habits. Members can recover more effectively and efficiently. Covers pre-post op care. Complete care team means better care/outcomes. • <u>Member Experience</u>: Complete care team (holistic solution). Comprehensive technology to ensure full body is covered. Connected care. Includes Doctor of Physical Therapy, health coaches, physicians, and orthopedic surgeons to assist with chronic conditions. 500 Full-time clinical care team members. Team develops activation campaign. Most applicants will qualify for program. Programs that require devices – these items will be mailed directly to patients. Easily accessible with app. • <u>Implementation Timeline</u>: Kickoff – May 2022. Enrollment July 1st. Will work with Wellness for communications. 	
<p>VIII. OTHER BUSINESS</p>		
<p>a. Open Discussion</p>	<p>Highlights and discussion noted below:</p> <ul style="list-style-type: none"> • No items brought to the commission. 	
<p>IX. REQUEST MOTION TO ADJOURN</p>		
<p>X. Adjourn Meeting (11:45am)</p>		<p>Jonathan French made a motion to adjourn; Lois Baxter seconded the motion. Motion passed.</p>



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2022 meeting schedule available at www.maine.gov/bhr/oeH