



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

Breana Bissell
Management Member, Co-Chair

STATE EMPLOYEE HEALTH COMMISSION MEETING

Thursday, November 21, 2024 @ 8:30am

Microsoft Teams Meeting

Burton M. Cross Building
111 Sewall Street
Room 103, A and B
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Diane Bailey, Claire Bell, Breana Bissell, Jenny Boyden, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Jonathan French, Kelly John, Rebekah Koroski, Danielle Murphy, Doris Parenteau, Shonna Poulin-Gutierrez, Joanne Rawlings–Sekunda, Kim Vigue, and Frank Wiltuck.
(Total = 18)

Commission Members Absent: Lois Baxter, Heidi Pugliese, Chris Russell, and Nathaniel Zmek.

Vacant Seat(s): 3

Others Present: Neva Parsons, Paige Lamarre, Devon French, Joan Hanscom, Charles Luce, Rebecca Adams, Nathan Morse and Emma-Lee St.Germain – The Office of Employee Health, Wellness, and Workers’ Compensation; Kevin Fenton – Aetna; Kristine Ossenfort, Becky Crague, Katherine Caiazzo, Jennifer Weber and Stephanie Pike – Anthem Blue Cross and Blue Shield; Libby Arbour and Kristin Poulin – MCD Global Health; Amy Deschaines, Terry LaMonica, Jacqueline Scherer and Ed Pierce – Lockton; Lisa Nolan – Health Purchasers Alliance; Avni Dosh and Brendan Horwitz – Capital Rx, Marie Bridges – Northeast Delta Dental; Michael Dunn – State Employee.

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:33 am)	Labor Member, Jonathan French called the meeting to order.	
II. Introductions		
III. Review and Approval of Minutes (October 17th, 2024)	Labor Member, Jonathan French had a minor correction to the minutes, changing Lois Baxter from Management Member to Labor Member.	Labor Member, Claire Bell, made a motion to approve the October 17 th , 2024, minutes. Labor Member, Kevin Dionne, seconded the motion as amended. Motion approved.



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

Breana Bissell
Management Member, Co-Chair

IV. Recurring Monthly Business

<p>a. Open Discussions/Questions on Vendor Reports – All</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> No questions or comments were brought to the commission. 	
<p>b. Employee Health and Wellness Highlights – The Office of Employee Health, Wellness, and Workers’ Compensation</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Wellness Highlights –</p> <ul style="list-style-type: none"> <u>Vaccination Clinics</u>: There were 56 total clinics completed at worksites and in store with 1,701 flu, 1,079 COVID-19, and 12 various Shingles, Respiratory Syncytial Virus (RSV), Pneumonia, Tetanus and Hepatitis B vaccination for a total of 2,792 administered. The 2024 participation rate was the lowest in the past 4 years. Participation may be lower because of providers and pharmacies offering vaccinations but claims data will be analyzed to determine vaccine access during the season. <u>2025 Health Premium Credit</u>: By the end of October approximately 2,400 eligible members have completed the 2025 HPCP requirements. <u>Virta Health</u>: The program was launched 10/1/2024 and member engagement for October was 713. There were 177 members enrolled in the program, with 157 in Obesity Prevention and 20 in Type 2 Diabetes Reversal. There are 536 are currently in enrollment funnel. Type 2 Diabetes Reversal sometimes takes long to complete due to clinical review. <p>Communication Highlights –</p> <p><u>Virta Health</u>: On October 1, 2024, letters and emails were distributed to all active employees promoting the launch of the new Virta Health program.</p> <ul style="list-style-type: none"> <u>2024 Leadership Summit</u>: The Office of Employee Health, Wellness & Workers’ Compensation hosted the first day of the 2024 State of Maine Leadership Summit with presentations highlighting benefits as a factor in making the State of Maine an employer of choice. 	



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

Breana Bissell
Management Member, Co-Chair

- Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups – Virta Health Promotion (13,721 recipients, 51% Open Rate, 2% Click Rate), MaineSaves 457b Plan (11,001 recipients, 50% Open Rate, 2% Click Rate, and Breast Cancer Awareness (13,620 recipients, 47% Open Rate, 1% Click Rate).

Other News –

- Medicare Advantage Plan Changes: Changes to the 2025 Medicare Advantage Plan includes increase in deductible from \$300-\$350, increase in specialist co-pay from \$25 to \$30, increase in inpatient co-pay from \$0 to \$200, a move to NationsHearing Network for hearing aids, chiropractic visits reduced from unlimited to 24 visits annually, increase in emergency room co-pay from \$75 to \$100, removal of the Healthy Rewards benefit, reduction in meals after inpatient stay from 42 meals to 28 meals, and decrease in over-the-counter medications benefit from \$60 per quarter to \$30 per quarter.
- Medicare Part A & B Premium rates: Effective January 1, 2025, through December 31, 2025, the monthly plan deduction for retiree is \$0 with a monthly State contribution of \$164.88, the monthly pension deduction for both spouse and surviving spouse is \$164.88 with a \$0 monthly State contribution.

2024 State Employees Health Commission Retreat: Presentations included Leading with Authenticity, the Strategic Plan, the Carrum Health Return on Investment, Stewards of the Plan, GLP-1 Medications and Benefits.

V. QUARTERLY PLAN UPDATES

**a. Plan Experience Summary:
Active Medical and Dental –
Lockton – Amy Deschaines**

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

- State of Maine Health Insurance Administrative Payments: An example of an administrative cost is a per employee per month fee to a vendor, such as Anthem, to administer the network and process claims. There are also premiums associated with the cost within the health plan, like the premium



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

Breana Bissell
Management Member, Co-Chair

	<p>paid to Sun Life for stop loss coverage on individual claimants who reach \$750K in claims, as well as various fees like the Federal Patient-Centered Outcome Research Institute and the state MGARA. For July 2024 to September 2025 administrative payments totaled \$2,953,413.</p> <ul style="list-style-type: none"> • <u>State of Maine Experience Detail – Self Funded Medical</u>: State of Maine had a \$1.2M surplus driven by a pharmacy rebate of \$2.6M in August but is running at 106.8% for the month of September. As a point of reference, the same report from last year shows State of Maine was running at 100.4% of the budget. There are two plan members who have hit the \$750K stop loss limit and the stop loss carrier has reimbursed \$253K on these individuals. For July, August and September, there are 8 plan members designated as high cost claimants with \$275K or more in claims, totaling \$4.1M. In the same period last year, there were 6 high cost claimants with a total of \$2.7M in claims. Factors driving these costs from a trend perspective is more and more complex cancer claims, while musculoskeletal and behavioral health continues to be cost drivers. There are also more plan members using specialty drugs. Inflation is also impacting cost in health plans nationwide and from consulting perspective, Lockton is seeing higher renewals this year for their clients with double-digit increases to their health plans. • <u>State of Maine Experience Detail – Self Funded Dental</u>: The State of Maine is running a surplus on the dental plan of \$172K at about a 92% loss ratio. 	
<p>b. Medicare Advantage Plan – Aetna</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Utilization and Engagement –</p> <ul style="list-style-type: none"> • <u>State of Maine Member Demographics</u>: There are 9,088 plan members with an average age of 75.4. 49.9% are male; 51% female. • <u>Measures of Most Significant Change</u>: Comparing 8/1/22-7/30/23 to 8/1/23-7/30/24, there was a 14.2% increase in inpatient admissions, a 1.1% increase in Emergency Room cases, a 3.9% increase in ambulatory surgery, a 4.6% increase in total medical/pharmacy paid, a 1.5% decrease in percentage of total paid amounts for catastrophic claims, and an 8.0% decrease in inpatient surgery. 	



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

Breana Bissell
Management Member, Co-Chair

- State of Maine / Aetna Medicare Advantage Cost Results: Total medical, pharmacy increased 4.6%, total pharmacy paid amount increased 5.7%, pharmacy paid amount per member increased 5.4%, total medical paid amount increased 4.0%, medical paid amount per member increased 3.7%, ambulatory paid amount per member increased 6.9% and only inpatient paid amount per member decreased by 3.4%. The key takeaway is that pharmacy paid is contributing to the overall spend.
- Utilization Results: For 8/1/23 to 7/30/24 admissions, both acute and non-acute, increased, Days of Care decreased; Average Length of Stay decreased; inpatient surgeries decreased while ambulatory surgeries slightly increased, and Office Visits increased while Emergency Room visits slightly decreased.
- Specialist and Primary Physician Office Visits: Specialist Physician visits paid per visits increased by 3.6% while Primary Physician paid per visit increased by 4.3%. Top specialty visits by diagnosis were Dermatology, Cardiovascular Disease, Orthopedic Surgery, Ophthalmology and Urology. Top primary care visits by diagnosis were Unspecified Morbidity, Hypertension, Diabetes Mellitus, Neurologic Disorders and Skin Disorders.
- High-Cost Claimants (HCCs): There were 186 high-cost claimants; these are claimants with %75K+ in medical costs. There were 20.4 HCCs per 1,000 plan members with an average cost of \$120K, representing 23% of total paid. The top spends by diagnosis were Oncologic, Cardiac, Musculoskeletal, Neurological and Renal. The top 10 medical catastrophic claims over \$75K included Neurologic, Cardiac, Oncologic and Musculoskeletal Disorders with a total cost of more than \$22M.
- Telemedicine: Telemedicine visits by medical cost category were 45% with Specialist Physicians, 36% Mental Health, 18% Primary Physician and 1% "Other". Paid amount, number of visits and visits per 1000 all decreased, but paid per visit increased by 10.7%. Top diagnosis by visits were, from highest to lowest were depression, adjustment reaction, Anxiety/Personality/Eating/Other, Neurologic Disorders, Bipolar Disorders,



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

Breana Bissell
Management Member, Co-Chair

Unspecified Morbidity, Hypertension, Viral Infections, Diabetes Mellitus and Lipid Disorders.

2025 Updates –

- 2025 Plan Benefit Updates: The benefit updates for 2025 were as follows: Deductible increased from \$300 to \$350, the inpatient hospital stay increased from \$0 to \$200, the specialist office visit copay increased from \$25 to \$30, the emergency room copay increased from \$75 to \$100, the non-Medicare covered enhanced chiropractic visits went from unlimited to 24/year, the Healthy Rewards benefits was removed, the hearing aid benefit moved from reimbursement to being administered by NationsHearing, meals after inpatient stay was reduced from 42 to 28 meals and the over the counter benefits was reduced from \$60/quarter to \$45/quarter.
- Inflation Reduction Act (IRA): The Inflation Reduction Act provides enhancements and changes to Medicare Part D plans. Effective January 1, 2025, key aspects include: \$2K per member annual out-of-pocket, elimination of the “coverage gap”, \$0 cost share for Part D vaccines, a \$35 maximum cost share for formulary insulins and a new Medicare prescription payment allowing members with \$500+ monthly cost for drugs to spread payments out monthly rather than paying in full at the pharmacy or to mail order.
- Member Communications: The Annual Notice of Change (ANOC) mails at the end of November 2024, the Post ANOC formulary changes mails at the end of November, a “most likely to benefit” letter goes out in early December and members reaching the \$2K out of pocket threshold will receive information on the Medicare Prescription Payment Plan(M3P).
- 2025 Medicare Part B Premium and Deductible: The standard monthly premium for Medicare Part B enrollees will be \$185 for 2025 and increase of \$10.30 from 2024. The annual deductible for all Medicare Part B beneficiaries will be \$257 in 2025, an increase of \$17 from 2024.



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

Breana Bissell
Management Member, Co-Chair

**c. State of Maine Health Plan:
Pharmacy Update – Capital
Rx**

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

Active Population Utilization –

- Utilization Summary: The plan pay for this period was approximately \$18M, with \$746K as patient pay. Average monthly members numbered 24,553 with a gross cost of \$338.42 per claim.
- Drug Classification Summary: 93.2% of utilizers used generic drugs at a gross cost per claim of \$30, 34.9% used brand drugs at a gross spend per claim of \$856, and 3.2% used specialty drugs at gross spend per claim of \$8,805.
- Top Drugs by Plan Spend: The top three drugs by plan spend were Wegovy at \$1.6M, Humira at \$1.3M and Stelara at \$1.1M.

Retiree Population Utilization –

- Utilization Summary: The plan pay for this period was approximately \$2.5M, with \$96K as patient pay. Average monthly members numbered 1,647 with a gross cost per claim of \$352.80.
- Drug Classification Summary: 96.2% of utilizers used generic drugs at a gross cost per claim of \$28, 44.3% used brand drugs at a gross spend of \$999 per claim, and 4.5% used specialty drugs with a gross spend per claim of \$8,160.
- Top Drugs by Plan Spend: The top three drugs by spend were Revlimid, Remodulin, and Stelara.

Clinical Overview – Full Population –

- Prior Authorization Summary: Of a total 1,464 prior authorization cases, 985 were approved and 479 were denied. The approval rate was 67%. Denials were of three types: excluded benefit (specific drugs or categories of drugs not covered by the plan), medical necessity (member doesn't meet clinical parameters for medical necessity for a product not covered by the plan), and



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

Breana Bissell
Management Member, Co-Chair

missing information (documentation didn't contain enough information to perform a clinical review for approval).

- Diabetes Drugs: The Opportunity Analysis shows there was a claim count of 4,245 for diabetes drugs for 1,728 unique utilizers and a plan pay of \$3.5M and per member per month of \$44.75. Injectables accounted for 71.5% of the plan pay, with 28.5% being oral medications.
- Weight Loss Drugs: The Opportunity Analysis shows there was a claim count of 2,073 for weight-loss drugs for 874 unique utilizers and a plan pay of \$2.6M and per member per month of \$32.74. Wegovy was the number one weight-loss drug making up 66% of the total plan pay for these drugs.

Vaccine Utilization –

- National Vaccination Trends: National vaccine trends indicate 48% of adults 18+ have received an influenza vaccination in the past 12 months, while 17% of adults 18+ have reported receiving the updated 2024-2025 COVID-19 vaccine.
- State of Maine Vaccination Utilization Data: Approximately 3,090 vaccination claims have processed through the plan between 7/1/2024 and 9/30/2024. These include influenza, COVID and various other vaccinations including Rabies, Pneumococcal and Human Papilloma Virus.

Biosimilar Overview and Updates –

- Biosimilars Overview: Biosimilars are a Federal Drug Administration approved biologic product highly similar to the original biologic product, called a reference product, and has no clinically meaningful differences from it. Use of biosimilars in the US has generated \$104B in savings between 2020 and 2024. Humira and Stelara are examples of key reference products. The lower cost of biosimilars have increased patient access.



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

Breana Bissell
Management Member, Co-Chair

	<p>Member Experience –</p> <ul style="list-style-type: none"> • <u>Q3 Customer Care Statistics</u>: Customer care received 2,385 calls from State of Maine plan members, handled 2,372 of these calls, with 13 calls abandoned. The top five reasons for calls were regarding specialty drugs, limited distribution drugs, the member portal, coverage questions and member ID card requests. • <u>Mobile Patient Tools</u>: Plan members have pharmacy benefit access on the go with JUDI, a cloud-native adjudication platform with a user-friendly design and comprehensive functionality. Real-time patient messaging provides optional education to assist members in cost reduction and 24/7 access to clinical support. 	
<p>d. State of Maine Health Plan: Medical Update - Anthem</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p>The review covered current period of October 2023 to September 2024, in comparison to the prior period of October 2022 to September 2023.</p> <ul style="list-style-type: none"> • <u>Financials and Demographics</u>: Employees represent 56% of plan members and 66% of paid amount; spouses represent 15% of plan member and 21% of paid amount; and dependents represent 29% of plan members and 13% of paid amount. • <u>Enrollment</u>: Membership increased 0.6% in the current period of 10/23-9/24. The average member age was 38.9 compared to benchmark of 37.4. There are 1,622 members aged 65+. • <u>Total Population Health</u>: There are 10,193 healthy members at \$351 average per member per month; 1,771 at risk members at \$350 per member per month; 10,628 chronic members at \$964 per member per month ; and 939 critical with \$2,099 per member per month . 	<p>Labor Member, Jonathan French asks: Going back to that incentivization, have you seen that the high cost claimants dropped with one of those clients did incentivize the wellness part?</p> <p>Stephanie Pike responds: I would have to look into that, and I will circle back to the team.</p>



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

Breana Bissell
Management Member, Co-Chair

- Executive Summary: Current trends were per member per month increase of 9.2% and high cost claimant per member per month increase of 17.7% with 30.2% of total plan spend. Total plan spend was \$197M. 32% of plan spend was on top 3 conditions which were cancer, circulatory and health status. 41.4% of plan members were impacted by chronic conditions while behavioral health impacted 22.9% of members. 75.6% of members logged a primary care provider visit and 59% completed adult wellness compliance. There is an opportunity to focus on males 18-40 to close the gap on wellness compliance.
- Insights on Medical Trend: Total medical per member per month increased by 9% which is a \$54 per member per month increase driven by a \$29 increase in high cost claimants per member per month and \$16 increase in circulatory per member per month. Circulatory, behavioral health, cancer, respiratory and genitourinary were the top 5 per member per month conditions driving the trend.
- Place of Service: Inpatient was \$139 per member per month at \$42.8M; Outpatient was \$253 per member per month at \$77.9M, Emergency was \$53 per member per month at \$16.2M, and Professional was \$195 per member per month at \$60M.
- Non-HCC Top 5 Health Conditions: The top 5 non-high cost claimants health conditions by per member per month were Health Status at \$17.1M, Musculoskeletal at \$14.9M, Digestive at \$13.5M, Ill-Defined Conditions at \$12.2M, and Behavioral Health at \$11.4M
- Chronic Lifestyle Conditions: Many chronic conditions are preventable or treatable with lifestyle modification. Implementation of wellness initiatives targeting healthy eating, exercise and stress management should be considered. The most common chronic conditions affected by lifestyle are hypertension, obesity, low back pain, diabetes, asthma and cancer.
- High Cost Claimants > \$100K: There are 297 high cost claimants, up from 258 in prior period. High cost claimants per member per month increased 18%. High cost claimants are 1% of members, but 30.2% of spend. The top 5 high



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

Breana Bissell
Management Member, Co-Chair

	<p>cost claimants health conditions are cancer, circulatory, digestive, infectious/parasitic, and musculoskeletal.</p> <ul style="list-style-type: none"> • <u>Behavioral Health Details</u>: There are 6,622 behavioral health claimants which is 22.9% of members. Paid per member per month for behavioral health is trending up by 28.2% with anxiety, depression and adjustment disorder showing an increased prevalence, and an increase in per member per month for depression, anxiety and alcohol/drug. • <u>Behavioral Health Comorbidities</u>: The top chronic conditions with behavioral comorbidity were Chronic Obstructive Pulmonary Disease, Asthma, Low Back Pain, Transplant, Obesity, Congestive Heart Failure and Cancer. 51.8% of members with a behavioral health diagnosis have at least one other chronic condition and patients with medical and behavioral condition comorbidity cost 2 to 5 times more and are less compliant with condition management. • <u>Preventive Screenings</u>: Preventive screenings have increased in the current period in 7 out of 8 categories, and 59% of members had an adult wellness visit. 76% of members had a Primary Care Physician visit. Members without a Primary Care Physician visit had lower compliance for cancer screenings. • <u>Traditional Engagement</u>: 2.2% of members had a traditional engagement and 25.6% of high cost claimants engaged with a nurse. 1.8% declined engagement. Members should be encouraged to establish a Primary Care Physician relationship. 	
<p>e. State of Maine Dental Plan – Northeast Delta Dental</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Claims and Customer Service Numbers</u>: 99.98% of claims were processed within 10 working day with 99.91% accuracy. Customer service representatives have a combined 275 years of experience and the average speed of answering a call is 23 seconds. • <u>Utilization Summary</u>: For the reporting period of 11/1/23 to 10/31/24, the average enrollment was 13,509 with 52,450 claims. The average cost of a 	



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

Breana Bissell
Management Member, Co-Chair

claim was \$144.73 and the average cost of per employee per month was \$46.83. Total paid claims were \$7.5M.

- Claims Comparison: Total claims paid in current period were \$7.5M as compared to \$7.2M in 11/22 to 10/23 and \$6.8M in 11/21-10/22.
- Claims Utilization: There were 52,450 total claims with an average cost per claim of \$144.73.
- Network Utilization and Savings: State of Maine PPO network had 17,648 claims with a total pay of \$7.5M, which is 40.9% of total Delta Dental networks.
- Oral Wellness Overview: There were 22,525 members continuously enrolled. 39% of members were low risk receiving preventive care and cleanings. 21% were moderate risk receiving preventive services and one or more restorative procedures and/or periodontal maintenance, 11% were high risk receiving services for serious oral health conditions like periodontal disease and/or severe tooth decay, and 20% of members received no care during the period.
- Member Oral Health Trends: Favorable trends include 57.36% of low risk members remaining low risk for two consecutive years; 552 members that had no care last year are now low risk; and 347 members that had no care last year are now moderate risk. Unfavorable trends include 4,043 members had no care for 2 consecutive years; 1,151 no care members are new enrollees; and 544 no care members were high risk last year.
- No Care: Of the 6,620 members who did not receive dental services in this period, 3,510 were subscribers, 1,255 were spouses/partners and 1,855 were dependents. The age range of 0-3 had the fewest number of no care members while age range of 36-64 had the greatest number. Males accounted for 53% of no care members, with 47% female, and 10% unknown.
- Health through Oral Wellness Clinical Risk Assessments: Of 22,525 covered members, 12,773 did not have an oral health risk assessment; and 9,068



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

Breana Bissell
Management Member, Co-Chair

	<p>members had qualified risk assessments and 684 had non-qualified risk assessments.</p> <ul style="list-style-type: none"> • <u>Qualified Members Receiving Health through Oral Wellness Enhanced Benefits:</u> Of 7,628 members receiving Health through Oral Wellness Enhanced Benefits, 6,443 were at Risk Score 5, which is the highest score. • <u>Assessments, Risk and Severity:</u> Between 2021 and 2024, the number of risk assessments have risen, as has the tooth decay score. In that same time frame, bot gum disease risk score and gum disease severity score has fallen. 	
VI. EDUCATION		
	<p>There were no education topics brought to the commission.</p>	
VII. SEMI-ANNUAL UPDATE		
	<p>There were no semi-annual updates brought to the commission.</p>	
VIII. OTHER BUSINESS		
<p>a. Location Change 2025</p>	<p>In 2025, the State Employee Health Commission will no longer be meeting in this room. The new location is the Francis Perkins Room at the Department of Labor on Commerce Drive starting in January 2025. This room is being taken by another group with a greater priority.</p>	
<p>b. Open Discussion</p>	<p>Labor Member, Diane Bailey asked if there was any update on the Silver Sneakers program update. Aetna confirmed that this is the Augusta YMCA, which is no longer honoring Silver Sneakers program, however they have a call with the rep regarding this network.</p> <p>General Reminders –</p> <ul style="list-style-type: none"> • The next Plan Design meeting is scheduled for Tuesday, December 17, 2024. 	



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

Breana Bissell
Management Member, Co-Chair

- | | | |
|--|---|--|
| | <ul style="list-style-type: none"> • There is no State Employee Health Commission meeting in December. | |
|--|---|--|

IX. REQUEST MOTION TO ADJOURN

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

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

2024 meeting schedule available at www.maine.gov/bhr/oeH