**STATE EMPLOYEE HEALTH COMMISSION MEETING**

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

**Kaplan University, Augusta**

Commission members in attendance: Bret Achorn, Chris Brawn, Lois Baxter, Jonathan French, Ellen Hughes, Terry James, Karen O’Connor, Robert Omiecinski, Lew Miller, Joyce Oreskovich, Wanita Page (total = 11)

Commission members absent: Diane Bailey, Lauren Carrier, Eric Cioppa, Brian Crockett, Laurie Doucette, Sandra Doyon, Becky Greene, Claire Hassler, Carrie Margrave, Kelly John, Nickole Wesley

*\*Note: Two vacant commission seats*

Others present: Kurt Caswell, Shonna Poulin-Gutierrez, Heather Albert – Employee Health & Benefits; Susan Avery, Louise Mccleery – Aetna; Amy Deschaines – USI; Jodi Collins – Anthem; Lynn Derocher – Maine Health Management Coalition; Katie Fullam Harris - MaineHealth

*\*Note: Conference phone not available; Cecile Champagne-Thompson attempted to attend the meeting via phone.*

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| Agenda Item | Discussion | Action/Next Steps |
| I. Call to Order (8:39am) |  Wanita Page called the meeting to order |  |
| II. Introductions |  |  |
| III. Review & Approval of Minutes (October 13, 2016) |  | Lois Baxter made motion to accept the minutes as amended; Bret Achorn seconded; no abstentions. Motion passed. |
| *IVa. UPDATES- MONTHLY* |
| a.i. Aetna Monthly Report – Point of Service Plan *Susan Avery* | Information contained in written report; highlights and discussion noted below: * Reviewing claims reports to identify members driving cost, determining if they are in case management, etc. Louise Mccleery to report further on this.
* Wanita Page asked about the EpiPen question from the October meeting. Susan Avery followed up with Jonathan French at the last meeting. Jonathan also asked about Lyme disease; there were 112 members diagnosed over the past year. Joyce Oreskovich asked about any pattern to the diagnoses. Jonathan French suggested plan design look at this if it becomes more prevalent within our plan.
 | In response to Joyce’s question, Susan Avery will run a report to look at demographics for the Lyme disease diagnosis. |
| a.ii. Aetna Monthly Report – Medicare Advantage Plan*Susan Avery* | Information contained in written report; highlights and discussion noted below:* Member communications: Annual Notice of Change (“ANOC”) was mailed to members on 11/4. The ANOC included the Evidence of Coverage (“EOC”), schedule of benefits and formulary. Members will receive new ID cards to reflect the 1/1 changes (beginning the first week of December).
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| a.iii. Accountable Care Organizations/Disease Management*Louise McCleery* | Louise Mccleery reviewed a Power Point presentation covering the over age 64 members on the Point of Service (“POS”) plan. Highlights include:* Members are aging in to this group at an increasing rate
* Average age is 70.8
* Over half of the 1,637 members are still working
* Costs continue to increase
* Many are not triggering stop loss but do have a significant number of claims
* Having conversations with the ACO’s regarding the care for these members
* The work surrounding this group will be on-going. Louise will bring forward any additional findings.
* Amy Deschaines pointed out that the POS plan isn’t designed to meet the needs of this group (like the Medicare Advantage plan is)
* Jonathan French would like to continue to work with ACO’s to meet the needs of this targeted group
* Chris Brawn would like to look at plan design options and TPA program offerings
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| a.iv. Plan Experience Summary*USI* | Amy Deschaines presented the Rolling 12 Monthly Claims Report and the Policy Period Monthly Claims Report for medical, Rx & behavioral. (Note: “ISL” = individual stop loss). Discussion highlights below:* Joyce Oreskovich asked about the fluctuation in the fees. The fees are based on a headcount for each (admin & stop loss).
* Claims + fees = total cost
* Total expected cost is the budgeted cost
* Budget vs actual (in looking at rolling 12) 16.7% above budget for October 2015. The current plan year-to-date is 100.9%.
* July and August contained significant stop loss claimants
* Kurt Caswell reminded the group that the surplus account which has been utilized in the past is now depleted. Joyce Oreskovich asked that this surplus has been used for. Susan Avery provided a copy of the Annual Accounting Package and reviewed the Account Reconciliation Summary (page 1) for the group. There is a pending reinsurance fee to be paid which is due next week. This will come out of the $1.2M cumulative account balance.
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| a.v. Executive Summary Discussion*Employee Health & Benefits* | Information contained in written Executive Summary report; discussion below:* Karen O’Connor asked about the status of the tiering. Per Amy Deschaines, they are going well. They met with KVRHA and Beacon on Monday. Still to meet with MaineHealth later this month. Seem to be accepting of the criteria. Wanita Page asked about non-ACO facilities. Still need to correspond with them. The plan is to start with ACO’s first. Additional ACO arrangements in the works with Aetna. There will be some outliers.
* Wanita Page asked about the negotiations with Grand Rounds. Kurt Caswell said they have been meeting with them. Amy is also working with them and will connect with Chris and Kurt. There potentially could be a one-month lag between Advance Medical with no benefit for January. Chris Brawn suggested having services available with Grand Rounds January 1st for members seeking services with a full rollout later.
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| *IVb. UPDATES - BIANNUAL* |
| b.i. Dental Plan Report*(Provided in March and September) Marie Bridges, Frank Boucher of Northeast Delta Dental* | Formal report is not due for this month. |  |
| Break (9:30am-9:40am) |  |  |
| b.ii. Employee Assistance Program Report*(Provided in October and April)* | Formal report is not due for this month. |  |
| V. Other Business |  |  |
| 1. MMHC Symposium Synopsis

*Bret Achorn* | Bret Achorn provided a summary handout. Discussion highlights include:* Challenges for rural providers complying with Medicare and Medicaid requirements
* Opioid issue was a focus of discussion with both the breakout session speakers and with the keynote speakers
* Anita Page provided an overview of Public Law Chapter 488 “An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program” that will become effective January 1, 2017. Maine Quality Counts has offered several trainings around this new law. Katie Fullam-Harris mentioned that MaineHealth is working on this issue in depth (along with another group in Bangor). Joyce Oreskovich asked about the impact from the HCAHPS survey. Providers need to be educated about other appropriate effective therapies for pain. Terry James discussed the problem of opioid withdrawal. Amy asked about benefit design opportunities.
 | Susan Avery will provide additional information regarding opioids. |
| 1. December meeting
 | Kurt Caswell recommended that the formal meeting in December be cancelled and instead use that day/time for the RFP review committee meeting. The 10-meeting minimum requirement has been met for 2016. The Commission agreed with the recommendation to the adjustment to the schedule.The schedule for the RFP review committee is:* November 14th from 1pm to 5pm
* November 21st all day
* December 2nd from 8:30am to 12:30pm
* December 8th (all day)
* December 15th from 1pm to 5pm
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| VI. Adjourn Meeting (10:11am) |  | Jonathan French made a motion to adjourn the meeting; Rob Omiecinski seconded. Motion passed and meeting adjourned. |

*Appeals Committee met immediately following the formal Commission meeting.*

*Upcoming Meeting Dates (2016):*

* *~~December 8, 2016 (Kaplan)~~* ***cancelled***

*Save the date! 2017 Meeting Schedule (invites to follow)*

* *January 12, 2017*
* *February 9, 2017*
* *March 9, 2017*
* *April 13, 2017*
* *May 11, 2017*
* *June 8, 2017*
* *July 13, 2017*
* *August 10, 2017*
* *September 14, 2017*
* *October 12, 2017*
* *November 9, 2017*
* *December 14, 2017*