**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, June 8, 2017 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Bret Achorn, Diane Bailey, Chris Brawn, Lois Baxter, Jonathan French, Becky Greene, Carrie Margrave, Lew Miller, Wanita Page, Will Towers, Derek Chase, Kim Vigue, Eric Cioppa, Kelly John, Ellen Hughes, Karen O’Connor, Joyce Oreskovich

(total = 17)

Commission members absent: Lauren Carrier, Amy Dix, Sandra Doyon, Robert Omiecinski, Laurie Doucette, Nickole Wesley, Terry James

Others present: Kurt Caswell, Shonna Poulin-Gutierrez, Linsey Gervais, Heather Albert – Employee Health & Benefits; David Norton, Louise Mccleery, Sabrina Simmons, Joe Bataguas – Aetna; Burr Duryee, Michael Rosenman– USI; Jodi Collins– Anthem Blue Cross and Blue Shield; Lynn Derocher – Maine Health Management Coalition; Thomas Record – State of Maine, Bureau of Insurance; Cecile Champagne-Thompson– Maine Turnpike Authority, Laura Robert, Xiomara Negron- Sun Life Financial, Alan Parks- Alliant Employee Benefits

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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 | Welcome Kim Vigue who is replacing Claire Hassler, ME Community College SystemsJoyce Oreskovich recognized Aetna as our business partner for the past 5 years on the Point of Service health plan. Thank you to Susan Avery, Louise Mccleery, Bob Downs, David Norton, Louise Mccleery & Joe Bataguas. |  |
| III. Review & Approval of Minutes (May11, 2017) |  | Lois Baxter made motion to accept the minutes; Brett Achorn seconded; no abstentions. Motion passed.  |
| *IV. UPDATES- MONTHLY* |
| a.i. Aetna Monthly Report – Point of Service Plan *Joseph Bataguas* | Information contained in written report; highlights and discussion noted below: * No questions regarding the Aetna monthly report
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| a.ii. Aetna Monthly Report – Medicare Advantage Plan*Sabrina Simmons* | Information contained in written report; highlights and discussion noted below:* Several health & wellness initiatives June 1 – September. 1) Mammogram outreach; 2) colorectal cancer screening; 3) wellness exam.
* Bret Achorn asked about physician response to mailing. Sabrina Simmons noted a very good response from practices and ACO nurse case managers.
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| a.iii. Plan Experience Summary *USI* | Burr Duryee presented the Rolling 12-Months and Policy Period Claims Reports. Discussion highlights below:* Claims for the month of April were down by about $5M; USI is looking into this with Aetna (e.g. a possible claims lag). Actual vs. budget 97.7%.
* View of the last 12 months; 95.8% actual vs. budget. Surplus of approximately $8M. Kurt noted the claims run out with Aetna and pending ACO payments. Eric asked about run out period; 24/12 with Sun Life.
* It was reported that there were 42 claimants with claims over $250k, which put total claims at about $18M which is pretty consistent from what they have been seeing except one claimant over $1.5M.
* Eric Cioppa asked about the cap of the stop loss which is currently $500K with no lifetime maximum.
* Dental claims for the past 12 months are running a little higher than budget. Stabilization fund $715k.
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| a.iv. Executive Summary Discussion*Employee Health & Benefits* | The Executive Summary report was provided to the Commission via e-mail prior to the meeting. Discussion highlights below:* Chris Brawn provided additional information regarding the petition from approximately 88 members relating to the copay for chiropractic visits. Chris offered to work with Aetna and Anthem to do an analysis of the cost & administration. Derek Chase asked for more information (# of claims, admin costs, claims cost, etc.). Carrie Margrave noted the frequency of chiropractic visits. Ellen Hughes reminded the Commission that Plan Design has already discussed this benefit. Diane Bailey noted the charge for a chiropractic service vs. other specialties. Eric Cioppa agreed; exposes risk to all other specialties. Bret Achorn asked if this would also include DO’s; no. Chris met with a representative from the chiropractic association who also asked for unlimited visits. Chris will get a cost analysis and usage report from Aetna.
* Karen O’Connor asked if the ACA fee will also include the ancillaries. Kurt said the payment will include all members of the health plan.
* Karen asked if the tiering included both hospitals and physicians – yes, per Chris.
* Lois asked a status update on the Medicare RFP. Kurt & Linsey met with Purchases yesterday. The structure has been changed and it needs to through upper level review. The process is well behind schedule.
* Joyce asked about appeals on the health premium credit. Kurt – yes, appeals have come in. Numbers are up for completers. Could see a spike after paychecks are received in July. Higher completion rate than we’ve seen in a long time per Kurt.
 | Chris Brawn will work with Aetna and Anthem to provide the information regarding chiropractic visits. |
| a.v. New Vendors Implementation *Kurt Caswell/USI* | Information contained in written Executive Summary report; discussion below:* Transition to Anthem is going very well; new medical and pharmacy ID cards are on track to go out 6/17-6/23.
* Working through the process of how the plans are going to be funded. It is a change from our current process because there will be three separate vendors starting July 1st. Kurt Caswell is working with Controller’s and Treasury office to confirm process.
* Kim Vigue asked about any changes to ancillary billing to which Kurt Caswell indicated the process will stay the same as it is today. Karen O’Connor confirmed they will receive two bills; one from Anthem & one from Aetna.
* Jonathan French asked about the budget and the impact on potential state shutdown. Kurt Caswell mentioned the state is looking into having a reserve to fund the plan initially; he is working with the Controller’s and Treasury’s office on this.
* Jonathan French asked about communications to members who have a change in prescription coverage. Chris Brawn thought the targeted mailings went out a couple of months ago directly from the vendors.
 | Kurt will provide a plan funding structure update at the next meeting.\*Administrative amendment\*- It was stated in the meeting that communications have already gone out to members who’s pharmacy coverage will be impacted by the new carrier. After speaking with the vendor it was learned that the targeted mailings for those members impacted will go out between 6/17-6/23.  |
| *IVb. UPDATES – BIANNUAL* |
| b.i. Dental Plan Report*(Provided in March and September) Marie Bridges of Northeast Delta Dental* | Formal report not due this month. |  |
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| b.ii. Employee Assistance Program Report*(Provided in October and April)* | Formal report not due this month. |  |
| V. Other Business |  |  |
| a. Educational Session: Health Care Reform Update *USI- Michael Rosenman* |  Michael Rosenman shared a presentation which focused on the following items:* Affordable Care Act (ACA) remains the law of the land, with an executive order that directs agencies to limit enforcement
* On May 4, 2017 the House passed America’s Health Care Act (AHCA) to “repeal and replace” the ACA
* What remains?- Key employer requirements, cost sharing reduction (CSR) payments
* What’s next?- Senate is working on its own health care reform legislation and is not expected to take up the AHCA
* Takeaways- ACA is still in full affect, stay informed
* Karen O’Conner asked about a quarterly update as a regular agenda item? Michael- they do offer quarterly webinars (not always on AHCA).
* Carrie Margrave asked about the Executive Orders signed by President Trump which are still under review by the IRS to determine implications. Per Michael, we should know more about these in the near future.
 | Add Michael to future agendas for periodic updates. |
| Break 9:50am-10:00am  |  |  |
| b. Bylaws Review*SEHC* | Jonathan French raised this issue at the April meeting regarding the confidentiality agreements signed and the HCPP appeals process (no ability to go into Executive Session). A copy of the bylaws with proposed amended language was shared with Commission prior to the meeting. Discussion highlights:* Section 4.2 (Appeals Committee): No description of appeal process; bylaws too ambiguous. Only provide members with the Health Credit appeals form & FAQ’s. Propose to add language to clarify process and reasons for appeal (administrative vs. claims-based). Eric Cioppa advised caution; subject to Rule 850 under Maine law. Appeals related to medical necessity to be excluded. Maine Bureau of Insurance review process (which is outsourced) provided to members at no cost.
* Section 5.2: Propose clarification as to why executive sessions are held and who can be in attendance.
* Must comply with a 10-notice requirement
* Wanita Page stated that once the bylaws are opened, anything can be changed. Currently, the bylaws are closed.
 | Eric Cioppa will share the bylaws with one of the Maine BOI attorneys to propose suggested language for section 4.2Chris Brawn will share the bylaws with Bill Laubenstein of the Attorney General’s Office for review of section 5.2. |
| Other/Additional: | Bret Achorn brought copies of the October MHMC regarding drug spend and opioid usage. Asked if we expecting a similar report this year? Per Chris Brawn, we receive MHMC reporting each year. |  |
| VII. Adjourn Meeting (10:24am) |  | Lois Baxter made a motion to adjourn the meeting; Karen O’Conner seconded. Motion passed and meeting adjourned. |

*2017 Meeting Schedule (invites to follow)*

* *July 13, 2017 (Central Maine Commerce Center, Champlain Room)*
* *August 10, 2017 (Central Maine Commerce Center, Champlain Room)*
* *September 14, 2017 (Kaplan University)*
* *October 12, 2017 (Central Maine Commerce Center, Champlain Room)*
* *November 9, 2017 (Central Maine Commerce Center, Champlain Room)*
* *December 14, 2017 (Central Maine Commerce Center, Champlain Room)*