**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, January 11, 2018 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Chris Brawn, Robert Omiecinski, Jonathan French, Wanita Page, Joyce Oreskovich, Cecile Champagne-Thompson, Kim Vigue, Ellen Hughes, Karen O’Connor, Terry James, Carrie Margrave, Will Towers, Amy MacMillan, Derek Chase

(total = 17)

Commission members absent: Eric Cioppa, Laurie Doucette, Sandra Doyon, Becky Greene, Kelly John, Nickole Wesley, Lew Miller

Others present: Kurt Caswell, Linsey Gervais, Heather Albert, Shonna Poulin-Gutierrez– Employee Health & Benefits; Sabrina Simmons, Joe Bataguas– Aetna; Amy Deschaines, Burr Duryee– USI; Jodi Collins, Bill Whitmore, Jean Wood– Anthem Blue Cross and Blue Shield; Thomas Record – State of Maine, Bureau of Insurance; Peter Hayes- Maine Health Management Coalition; Max Knutsen- Maine Health; Laura Robert- SunLife Financial; Kerryanne Shuler- Grand Rounds

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| Agenda Item | Discussion | Action/Next Steps |
| **I. Call to Order (8:35am)** | Joyce Oreskovich called the meeting to order |  |
| **II. Introductions** |  |  |
| **III. Review & Approval of Minutes** (November 9, 2017) |  | Lois Baxter made motion to accept the minutes; Diane Bailey seconded; no abstentions. Motion passed. |
| **IVa. UPDATES-MONTHLY** | | |
| a.i. Anthem Implantation/ Claims Update- Jodi Collins | Information contained in written report; highlights and discussion noted below:   * Jodi Collins provided 5 months of data * Medical claims totaled $41,719,128 (July-November) * High cost claimants (HCC-medical only) consist of 105 members which drove 26.8% of all costs. * 90.5% of the HCC remain on the plan. * Subscribers are responsible for 62.3% of HCC costs. * 74.2% of members had less than $1,000 in medical plan paid benefit coverage; 18.5% have between $1,000-$4,999; 5.7% had between $5,000-$24,999; 1.5$ had between $25,000-$99,999 and 0.2% had $100K+ in the current period. * Top five health conditions for HCC remain the same as previous months just in a different order. * The top five health condition categories accounted for 46.4% of claims paid for the total plan. * Ten out of the ten top conditions have per member per month (PMPM) higher than benchmark. * Subscribers drove 68.4% of the expense in the top five health conditions categories; the spouses drove 18.6%. * Monday’s and Sunday’s are the higher traffic volume in ER utilization. |  |
| a.ii. Aetna Medicare Advantage Plan- Joe Bataguas | Information contained in written report; highlights and discussion noted below:  The CMS required Annual Notice of Change (ANOC) was mailed to all renewing members on November 20th. The package included: Annual Notice of Change, Evidence of Coverage and 2018 Formulary Guide.   * Beginning April 1, 2018, the Medicare Diabetes Prevention Program will be available to certain Medicare Advantage members who may be at risk for Type 2 Diabetes. * Shingrix is a new shingles vaccine released and approved at the end of October 2017. At this time, it is not on the formulary. Members wanting to receive the Shingrix vaccine will need to have a Coverage Determination performed.   Wanita Page asked about the inflex of calls on enrollment, Sabrina Simmons mentioned that it includes address changes and general questions.  The Medicare Advocacy Center in South Portland opened January 2nd.  Aetna has been purchased by CVS. There will be no impact to current members and will be business as usual. | Lois Baxter asked for an update on the Meals on Wheels program. Sabrina Simmons will get an update.  Wanita Page requested a breakdown of the enrollment calls, Sabrina Simmons will provide that information. |
| a.iii. Plan Experience Summary/ Budget Review-*USI- Burr Duryee* | Burr Duryee presented the Monthly Claims & Budget Tracking Review reports. Discussion highlights below:   * 5 months of claims data shows a $6.6 million deficit which Burr Duryee explained was misleading because it doesn’t include the $2 million in stop loss reimbursement or $2.5 million in pharmacy rebates. * Short fall of $1.5 which makes it within budget. * Amy Deschaines mentioned that there are 3 large claimants over $1 million dollars which are driving up the costs. * The Aetna runout claims are coming to an end, not anticipating many more. * The Pharmacy plan overall is consistent, just waiting on reimbursements * Dental- 97.8% to date, ended last year at 103.2%. * Looking at renewal numbers and will take in 2017’s ending plan into consideration. |  |
| 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 introduced Peter Hayes the new President and CEO of Maine Health Management Coalition. * Diane Bailey asked about the increase in her premiums even though there was not supposed to be an increase, which was the $7.50 administrative fee that was added for spouses on the Medicare Advantage plan. |  |
| **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. |  |
| b.ii. Employee Assistance Program Report- Jim O’Connor  *(Provided in October and April)* | Formal report not due this month. |  |
| b.iii. Express Scripts- Sue Wolf, Bryan Hammons  *(Provided Biannually)* | Formal report not due this month. |  |
|  | V. Other Business |  |
| a. Non-Medicare Retiree Migration to Medicare Advantage Plan- *USI* | * There are currently 3,600 non-Medicare retirees and their dependents in the self-funded plan. * To which nearly 97% are fully-subsidized by the state and under-served in Active plan. * Approximately 8,000 Medicare-eligible State retirees and their dependents are in the fully-insured MAPD plan. * Through the MAPD plan Aetna is getting money from Medicare to offset costs. * When comparing the two plans, the MAPD plan has lower co-pays and deductibles. * Diane Bailey asked what happens if specialist remove themselves from the Medicare network, Sabrina Simmons mentioned that if that is the case Aetna cannot reimburse on those services. * Aetna’s MAPD pharmacy plan does not have a 4th tier- Specialty prescriptions or an out of pocket limit. * The MAPD plan is designed towards the older populations; Enhanced Care Management programs, Silver Sneakers, etc. * With the State of Maine (SOM) paying the penalties and Part B premiums to those not eligible it would show a savings of $6 million. * Joyce Oreskovich asked if the penalty was reoccurring or a onetime fee for non-eligible Medicare members which Sabrina Simmons said it was for the lifetime of the plan. * The cost for the SOM to pay the Part B premium and late penalty it would be around $2.6 million (80+% of members is paid by the SOM currently). * Financial Considerations would be:   #1. State funds Part B premiums and Late-Enrollment Penalties (LEP) on behalf of retirees  #2. Retirees pay the portion of the Part B premium and the State funds only the LEP; newly eligible retirees enrolling in the MAPD plan would pay the full portion of the Part B premiums.   * Lois Baxter mentioned that retirees that she talked to would not agree to transition if they had to pay a portion. * Kurt Caswell mentioned that by moving these 65+ people into the MAPD plan it would reduce the costs for the active members (premiums) by getting the HCC off the plan. | Heather Albert suggested a Pre-Retirement educational session to the SEHC.  Kurt Caswell will be get a break down of all 65+ scenarios with expenses to determine the best route. |
| Break 10:05-10:16 |  |  |
| b. Tiering Presentation and Commission Discussion- *USI-Burr Duryee* | * Approach: Quality & Cost through contracting, consumer engagement and benefit design. * Tiering as it’s done today doesn’t bring value that it initially did. * No evidence of any questions on tiering today which is not driving where members go. * Anthem’s Enhanced Personal Health Care (EPHC) is a good foundation that needs to be enhanced as a long-term strategy. * Recommendations:   + Remove provider tiering from the plan   + Focus on expanding and enhancing EPHC contracts   + Steer members to Centers of Excellence and Sites of Care through plan design   + Targeted member communications campaign * Cover select Independent Labs (42), Freestanding Imagining Centers (9), Bariatric Surgery (2), Cardiac Care (2), Knee & Hip Replacement (2), Spine Surgery (2) at 100%. * Carrie Margrave mentioned many members currently don’t know where their samples go to be tested, which Burr Duryee said that is where the employee engagement comes into play. * Amy Deschaines said this is a short-term strategy with long term kept in mind. * Different avenues of communication include Anthem and EH&B; Facebook, Twitter, RSS Feed, Constant Contact, Statewide emails, new employee orientation, etc. * Education around Anthem’s EPHC tool and CompareME to get members more engaged. * Long-term Strategy:   + Enhanced Personal Health Care Contracts   + Provider Tiering (continue to explore)   + Purchaser Collaboration   + Plan Design * Joyce Oreskovich asked for a head nod to continue with communications and research around plan design to which the group agreed. |  |
| VI. Other Business | * Joyce Oreskovich announced that Chris Brawn has been promoted to Deputy Director of the Bureau of Human Resources and has appointed her to the Management Co-chair; Kurt Caswell will be stepping into the Ex-Officio seat. |  |
| VII. Adjourn Meeting (10:58am) |  | Lois Baxter made motion to adjourn the meeting; Derek Chase seconded; no abstentions. Motion passed. |

*2018 Meeting Schedule*

* *February 8, 2018*
* *March 8, 2018*
* *April 12, 2018*
* *May 10, 2018*
* *June 14, 2018*
* *July 12, 2018*
* *August 9, 2018*
* *September 13, 2018*
* *October 11, 2018*
* *November 8, 2018*
* *December 13, 2018*