**STATE EMPLOYEE HEALTH COMMISSION MEETING**

**Thursday, February 8, 2018 @ 9:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Jonathan French, Wanita Page, Joyce Oreskovich, Cecile Champagne-Thompson, Kim Vigue, Ellen Hughes, Karen O’Connor, Kelly John, Terry James, Lew Miller, Will Towers, Sandra Doyon, Becky Greene, Amy MacMillan

(total = 16)

Commission members absent: Eric Cioppa, Derek Chase, Laurie Doucette, Nickole Wesley, Carrie Margrave, Chris Brawn, Robert Omiecinski

Others present: Kurt Caswell, Linsey Gervais, Heather Albert, Shonna Poulin-Gutierrez– Employee Health & Benefits; Sabrina Simmons, Sue Guerrette– 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; Lisa Nolan- Maine Health Management Coalition; Max Knutsen- Maine Health; Max Puyanic, Lynn Derocher- Convenient MD; Alan Parks- Alliant Insurance Services; Mara McGowen- MainePERS

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| Agenda Item | Discussion | Action/Next Steps |
| **I. Call to Order (9:33am)** |  Joyce Oreskovich called the meeting to order |  |
| **II. Introductions** |  |  |
| **III. Review & Approval of Minutes** (January 11, 2018) |  | Lois Baxter made motion to accept the minutes; Will Towers 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 6 months of medical data claims.
* Medical claims for July to December totaled $68,510,252.
* Paid claims were down $389,301 from November.
* High cost claimants (HCC) consist of 198 members which drove 31.1% of total medical costs, up from last month.
* 46 (22.1%) of HCC were engaged in the clinical program.
* Subscribers are responsible for 64.1% of HCC costs.
* 65.5% of members had less than $1,000 in medical plan paid benefit coverage; 23.2% have between $1,000-$4,999; 7.7% had between $5,000-$24,999; 2.2% had between $25,000-$99,999 and 0.3% had $100K+ in the current period.
* The top five health condition categories accounted for 46.4% of claims paid for the total plan.
* Subscribers drove 70.4% of the expense in the top five health conditions categories; the spouses drove 20.1%.
* Emergency Department Utilization is high, looking to educate members on walk-ins to reduce costs.
* Monday’s and Saturday’s are the higher traffic volume in ER utilization.
* Johnathan French asked if Anthem could determine the time of day most members visit the ER to which Jodi Collins said they cannot determine a time of service.
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| a.ii. Aetna Medicare Advantage Plan- Sabrina DeGuzman-Simmons | Information contained in written report; highlights and discussion noted below:Sabrina Simmons provided a member service call breakdown. The member deceased inquiry came in high to which Sabrina Simmons said that calls are not only to report deceased members but any questions around their plan or existing family members still on the plan.Sabrina Simmons also pointed out the change in Demographics between 2016-2017 as the population ages.The financial comparison showed an increase from 2016 to 2017 which is contributed to the recent copay increase.There are 12 members with claims over $200K, Sabrina Simmons said this is in line with similar customers.Mail order numbers are very low, Sabrina Simmons mentioned that there is currently no incentive or cost savings to drive members to use it.A flu shot email reminder will be going out members who Aetna does not have record of receiving one, reminding them of the importance, and information on where to get one.Shingrix, the shingles vaccine, has been added to Aetna’s formulary effective February 1, 2018. |   |
| a.iii. Plan Experience Summary/ Budget Review-*USI/ Burr Duryee* | Burr Duryee presented the Rolling 12-Months and Policy Period Claims Reports. Discussion highlights below:* Burr Duryee mentioned that there was an improvement on medical and pharmacy costs to the plan for last month.
* The Aetna runout claims have just about come to an end.
* The medical plan is still running at a deficit but that does not capture the $2.5 million received in January from stop loss insurance.
* $2.5 million is also expected back in rebates from ESI sometime in March and $1 million from Aetna for runout claims in February.
* After all the reimbursements are made to the plan from payments and rebates it will be running at a surplus.
* Dental ran high for January; loss ratio was 125.5% for month. YTD the loss ratio is 101.9%.
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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:* Diane Bailey asked about the timing of the stop loss reimbursement payments to which Kurt Caswell said it was received at the end of last month (January).
* Wanita Page asked if any of the 5 second level Health Credit Premium appellants requested to have their appeal heard in front of the Commission to which Kurt Caswell said yes one, which we will hear next month.
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| **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. ConvenientMD Urgent Care- *Max Puyanic* | Max Puyanic shared a presentation which focused on the following items:* ConvenientMD is an urgent care facility with drastically lower costs to members. Founded in N.H. but opening facilities throughout New England.
* The number of people visiting an ER has increased 50% over the last 15 years, with an average cost of $1,550 and a four hour and three-minute average visit.
* 11% of patients vising the ER are Emergent visits, and only 8% result in hospital admission.
* The large majority of ER visits are low acuity, occur during daylight, and are by insured patients. Only 10-15% of ER patients are uninsured.
* ConvenientMD stands for:
	+ Quality care- Full medical team on site that is experienced and compassionate, State of the Art facilities, X-ray, labs, procedures, EKG’s &IV fluid.
	+ Convenient- No appointment needed- just walk in, open 8am-8pm; 7 days a week, average visit is under an hour, one top shopping for illness & injury.
	+ Affordable- Affordable rates, office visit co-pays, insurances accepted but not required, on-site pharmacy- $15 per prescriptions.
* Karen O’Conner asked what prescriptions are covered under the $15 cost; Max Puyanic said they have a large selection of on-site prescriptions that they can prescribe to members.
* If a member goes into ConvenientMD without a PCP they will work with the member to get them set-up with one and also offer referrals.
* They are a leading provider of urgent care, work injury, and occupational health services.
* Kurt Caswell asked about the situations when an ER is needed- Max Puyanic said that ConvenientMD sends 1-1.5% to the ER- they call 911 and get them the appropriate treatment to specialist or whatever the need is.
* High quality low cost specialists are established from data from insurance companies.
* Kurt Caswell asked if they refer out to other imagining services. Max Puyanic said they work with insurance companies to find the most cost effective option.
* Tom Record asked about staffing each facility, Max Puyanic said that they open each facility with 6 experienced staff with at least 10-15 years’ experience.
* Terry James asked if they performed any minor surgical services to which Max Puyanic said they can do sutures, foreign object removals and abbesses.
* Burr Duryee asked about the tracking of the NH locations and ER utilization; Max Puyanic said that there has been a 40%+ reduction in ER utilization but they have had to do a lot of educating and marketing to members.
* Kelly John asked about the work injury program and how it is managed. Max Puyanic said that when providers join the team there is a lot of training and they have professionals that manage each case from start to finish.
* Kurt Caswell asked about the events when a member comes in without a PCP how do they determine where to send them, Max Puyanic said they work with the community and insurance company to find the most reputable providers.
* Amy Deschaines asked if the State of Maine (“SOM”) developed a list of providers that we would like to send our members to after visiting ConvenientMD to which Max Puyaniz said they could accommodate that request.
* Lynn Derocher mentioned that they can create a pop-up when SOM members visit ConveinentMD with providers that the SOM would like to send them to.
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| b. Health Plan Pre-Retiree Overview- *Heather Albert* | Heather Albert shared a presentation which focused on transitioning into retiree health insurance. Discussion highlights below:* Eligibility requirements to keep insurance after retirement the member must be enrolled as an employee in the health plan for 12 consecutive months immediately prior to retirement AND qualify to receive a retirement check from MainePERS.
* Retiree ONLY premiums are determined by the date of hire, age of retirement and years of participation in the health plan.
* If the member qualifies for Medicare at retirement they will be transferred into the Medicare Advantage plan if not the member will be on the active plan until they hit age 65.
* If the member is covering a spouse they will transition to the Medicare Advantage plan when turning 65 and the spouse will stay on the active plan until they reach 65.
* Tom Record asked what happens to members that are actively working and turn 65, Heather Albert said they currently do not do anything until they retire.
* Heather Albert mentioned she is in the process of developing an educational postcard for active members turning 65 for what they need to do upon retirement.
* Kurt Caswell mentioned that we have 121 members that are currently on the active plan but are also enrolled in Medicare. EH&B has sent communications to members letting them know we are moving them over to the Medicare Advantage plan.
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| c. Non-Medicare Retiree Migration to Medicare Advantage Plan- *USI/Aetna* | Amy Deschaines shared a presentation which focused on the following items: * Amy Deschaines broke down the multi-phase approach that has been suggested to move participants residing on the Non-Medicare Retiree plan (Active) to the Medicare Advantage Plan.
* 1. Move retirees on the active plan who are eligible for and/or enrolled in Medicare through a spouse.
	+ Approximately 121 individuals in this category
	+ Approximately 80 of these individuals are age 65 or older
	+ Identified as being enrolled in both Medicare A&B (some have part D)
* 2. Move retirees who are not actively employed by the SOM and are age 65+
	+ Approximately 95 individuals in this category
	+ Subject to late fee
	+ Subject to Part B premiums
* 3. Individuals who are actively employed by the SOM and will retire in the future.
	+ 736 actively working individuals that are not contributing to Medicare
	+ Subject to Part B premiums
	+ Not subject to Late Entrant Penalty if enrolled in timely manner
* Diane Bailey asked if the SOM can automatically move these qualifying members to which Kurt said we cannot force them; it will be voluntary but Employee Health & Benefits will educate and encourage it.
* Sabrina Simmons educated that Medicare part A is premium free to those folks who have paid into Medicare for at least 40 quarters (10 years), Medicare part B is voluntary to those who turn 65 but comes with a cost. If the member does not enroll within the time frame around your 65th birthday there will be a Late Fee Penalty (LEP) when enrolled.
 | Lois Baxter made motion to accept;Those active employees who are not eligible for Medicare would be moved to the Medicare Advantage plan at the later of age 65 or effective date of retirement with Part B being paid for by the employer as soon as admiratively feasible no later than 90 daysLew Miller seconded; no abstentions. Motion passed. |
| VI. Adjourn Meeting (11:42am) |  | Lois Baxter made motion to adjourn the meeting; Will Towers seconded; no abstentions. Motion passed. |

*2018 Meeting Schedule*

* *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*