**STATE EMPLOYEE HEALTH COMMISSION MEETING**

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

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Kurt Caswell, Cecile Champagne-Thompson, Laurie Doucette, Jonathan French, Becky Greene, Terry James, Kelly John (via phone), Peter Marcellino, Carrie Margrave, Lew Miller, Karen O’Connor, Robert Omiecinski, Joyce Oreskovich, Mara McGowen (appointment pending), Wanita Page, Will Towers

(total = 18)

Commission members absent: Derek Chase, Eric Cioppa, Sandra Doyon, Amy MacMillan, Kim Vigue

Vacant seat(s): MSEA Courts (seat 05)

Others present: Joanne Rawlings-Sekunda – Maine Bureau of Insurance (Eric Cioppa’s designee); Roberta Leonard, Heather Albert, Shonna Poulin-Gutierrez – Employee Health & Benefits; Sabrina Simmons, Joseph Bataguas, Louise McCleery, Heather Boley – Aetna; Burr Duryee – USI; Lisa Lagios, Jean Wood, Bill Whitmore – Anthem Blue Cross and Blue Shield; Max Knutsen - Maine Health; Trevor Putnoky – Healthcare Purchaser Alliance of Maine; Alan Parks – Alliant Insurance Services; Sue Wolf, Express Scripts, Inc.; Tina Love, Phonse Allen-Laney, Tina Love – MCD Public Health

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| Agenda Item | Discussion | Action/Next Steps |
| **I. Call Meeting to Order (8:36am)** |  Joyce Oreskovich called the meeting to order. |  |
| **II. Introductions** |  |  |
| **III. Review & Approval of Minutes** (July 12, 2018) |  | Lois Baxter made motion to accept the minutes; Will Towers seconded; no abstentions. Motion passed.  |
| **IVa. UPDATES-MONTHLY** |
| a.i. State of Maine Health Plan (medical update)*Anthem Blue Cross & Blue Shield - Lisa Lagios* | Information contained in written report; highlights and discussion noted below:* Executive Summary: June PMPM $517; claims $14M. Both consistent with prior month and prior year. Membership has decreased by 135.
* High Cost Claimants (over $50k): Paid over $62M; 530 members. Some carried over from 2017 and some in top 10 came on in current year. As requested from the July meeting, Lisa Lagios looked into the fractured femur case. There have been no claims since March, not an accident case, severe complications.
* Paid Claims Distribution: About 3,700 members have not filed a claim. 190 members over $100k. Consistent with benchmarks.
* Top 10 Facility Providers: Mass General newly added this month.
* Emergency Room: Paid $9M in E/R services. Consistent with benchmarks. Joyce Oreskovich asked for clarification on the 51% potentially avoidable visits. Per Lisa Lagios, criteria captures visits under $1,000 and diagnosis; consistent with benchmarks. Wanita Page mentioned the need to educate providers regarding options other than E/R. Jean Wood said they (Anthem) shares best practices from peers with providers who are over-utilizing E/R services. As requested at the June 2018 meeting, Lisa Lagios noted/confirmed that not all members have access to a lower cost setting; access issue in rural Maine. Discussed alternatives (e.g. 24/7 NurseLine and LiveHealth Online).
* Targeted Health Conditions: Cancer, CAD, maternity, depression & diabetes.
* Engagement Summary: Total membership 27k; 800 are engaged. 92 have graduated (met long-term or short-term goals).
 | Lisa Lagios to update walk-in center flyer (Maine) when the new walk in center opens in Topsham. Per Lisa Lagios, year-end reporting to include utilization for the 24/7 NurseLine and LiveHealthOnline.Bill Whitmore suggested they (Anthem) run this risk formula among their BOB. Kurt Caswell requested a risk score on the targeted health conditions; Lisa will provide that. **This item remains pending from the June 2018 meeting.**Lisa Lagios will research cancer PMPM in response to Eric Cioppa’s question from the July 2018 meeting. *August response: Only preliminary findings available. Looking at regional pricing (north vs. south), age of population, site of care for infusion (out-patient vs. in-patient), facility mix, cost for biologicals, types of cancer, comparing SOM population to BoB, specialist spend. Breast, prostate & colorectal are top for State Plan; will compare to BoB. Also looking at breast reconstructive surgery. Noted prevalence is lower however PMPM is higher. Will provide more detail for future meeting.*  |
| a.ii. Medicare Advantage Plan*Aetna - Sabrina DeGuzman-Simmons* | Information contained in written report; highlights and discussion noted below:Call Summary: Downward trend normal.Executive Summary - Medical: Growth consistent with prior year. Age 75-84 biggest growth/increase. Significant number over 85 and over 100. Increase in medical pharmacy (part B drugs, infusion, chemo drugs). Top 10 Diseases by Paid Amount: Consistent.High Cost Claimants Over $75k: Consistent.Medical Cost Category: Top 10 Providers: Executive Summary (Part D) Pharmacy: 936 members reaching coverage gap, 99 members have reached catastrophic phase. There were 837 specialty scripts and 3,542 opioid scripts. Top Drug Report (by cost): As requested at the July meeting, the drug Gattex listed in the top 10 was for 6 scripts; this information has been added to the report (see page 9). Clinical Executive Summary: Engagement rate consistent with BoB. Acceptance rate for Healthy Home Visits is 37%. Kurt Caswell asked for clarification; does rate apply to more rural areas? Sabrina stressed that this program does not replace PCP. The purpose is to close/identify gaps in care, medication adherence, etc. A full report goes to PCP. HHV nurse also looks at behavioral health within the home setting. These visits are done annually as members’ needs can change. Stars: Readmission rates reduced from 7.74% to 4.49%.Member News: Colon cancer (targeted); order a free FIT kitNumbers to Know (targeted) – hypertension & cholesterol  | Sabrina Simmons to provide additional information regarding the high-cost claimants. Sabrina Simmons will provide a break-down of locations of Healthy Home Visits. |
| a.iii. Plan Experience Summary (active health & dental)*USI - Burr Duryee* | Burr Duryee handed out the standard monthly reports: Policy Period Monthly Claims Report – Medical/Rx/Behavioral, Enrollment, Fixed Costs & Expected Claim Calculation and two dental Policy Period Monthly Claims Reports (current period and year end). Discussion highlights below:* Medical Budget to actual: Actual vs. budget 99.8%; 97.7% with pharmacy rebates. 21% of spend on Rx (consistent). Wanita Page asked about another stop loss reimbursement in prior year; Burr confirmed there is not however possible for current year. Target 1-3 stop loss violations per year anticipated.
* Medical Enrollment: Consistent month to month.
* Dental: Current month 94.1% loss ratio. Last year ended up 108.2%. Working with Delta Dental to determine what impacted the stabilization fund. Burr noted the need to identify future plan adjustments.
 | Burr will gather the HOW program and its impact (if any) on the stabilization fund as requested by Karen O’Connor. **This item is outstanding from the June 2018 meeting.**  |
| a.iv. Executive Summary*Employee Health & Benefits – Kurt Caswell* | The Executive Summary report was provided to the Commission via e-mail prior to the meeting. Discussion highlights below:* Added an “Issues” category under the Health Plan section. Kurt Caswell informed the Commission that there have been issues with the renewal which Anthem is currently fixing. Anthem is about 1/3 of the way through the fix; claims should be all set going forward and processing correctly. Strategizing on member outreach communications. Approximately 3,500 members impacted. Cecile Champagne-Thompson asked if this impacted claims on or after July 1st. Yes, per Kurt Caswell (through approximately the 3rd week of July).
* Jonathan French asked about appeals and the criteria for the next Health Credit period. Per Kurt Caswell and Shonna Poulin-Gutierrez, a plan is almost finalized. Ideally, this would be vetted through the SEHC Wellness Committee.
 | Commission members to notify Heather Albert if they wish to join one of the subcommittees. |
| Break: 9:20am-9:40am |  |  |
| **IVb. UPDATES – BIANNUAL** |
| b.i. Dental Plan*Northeast Delta Dental – Marie Bridges**(Provided in March & September)* | Formal report not due this month. |  |
| b.ii. Living Resources Program – *ComPsych – Jim O’Connor**(Provided in April & October)* | Formal report not due this month. |  |
| b.iii. State of Maine Health Plan *Express Scripts, Inc. - Sue Wolf**(Provided in March & August)* | Information contained in written report; highlights and discussion noted below:* Drug Patent Expirations: Review of top drugs losing patent protection through 2022 (includes 3 specialty drugs). Biosimilars to be treated like a generic under the State plan. Patient must be notified by provider.
* New Drugs: Xofluza (similar to Tamiflu however single dose, cost is about the same). Aimovig (injectible for migranes; approximately $7,000/year).
* Plan Performance (slides 6-14):
* Dashboard provides comparison to peer group. Patient age on State plan is higher than peer. Retirees use 3x more scripts than actives. Adopted clinical programs from 2016 and have not yet been modified. Member cost share 7.6% vs. 10.6% in peer group. PMPM by indications. Tremendous use for inflammatory drugs; multiple uses added. Consistent within market. Negotiations key; State receives 100% of rebates. MS more prevalent in the Northeast. Lyrica is the top-prescribed pain medication for the State. Days’ supply by channel. Retail maintenance for mail order 30-day at 18.7%; should be lower. Diane Bailey asked for examples of maintenance medications. Per Sue Wolf, medications to treat blood pressure. Mara McGowen asked for clarification on specialty drugs. Per Sue, “clinical days’ supply” used for specialty drugs.
* Total net cost for FY18 was $34M. Next rebate due in September. Karen O’Connor asked for clarification between ESI’s and USI’s reports; rebate estimate difference. There is about a 5-month lag in rebates. USI’s numbers also include some Aetna rebate payments. It will be up to the state how we account for the rebate lag; which plan/fiscal year. Per Kurt Caswell we are expecting between $9M-$11M.
* Plan cost per adjusted Rx $54.94 non-specialty and $5,168.81 for specialty. New for 2018 Patient Assistance programs through Accredo. Copay is waived (coupon is not applied to out of pocket limit). SafeGuard Rx is making a difference with discounts and refunds for specialty medications that do not work for a particular member. State plan has adopted some of ESI’s clinical programs for certain indications (see slide 11). Inflammatory conditions rank number 1 and represents almost ½ of specialty cost at $8.5M (see slide 12). More Hepatitis C drugs are available.
* Clinical Savings and Impact (slide 13). Savings decreased plan cost PMPM by 9.8%.
* High Cost Claimants. 6% membership (over $50k) driving 28.9% of cost.
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| *IVc. UPDATES – ANNUAL* |
| c.i. WellStarME*Medical Care Development – Erica Brown**(Provided in August)* | Information contained in presentation; highlights and discussion noted below:* Flu vaccinations: Declining participants. Competing with retail coupons & discount programs.
* Health Screenings: Increased participants and locations. Increase in hypertension, total cholesterol while BMI & A1C have decreased. Changed format from a single-source provider to multiple vendor contracts (local provider systems). Familiarity for member, lower travel cost, etc. High rate of positive participant feedback.
* HRA: 10,221 responders. Significant improvement in reduction of tobacco use. New questions were added regarding oral health. Kurt Caswell noted Northeast Delta Dental will be presenting at next month’s meeting. Dental pilot coming soon to address some barriers.
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| c.ii. Expert Medical Opinion*Grand Rounds – Kerryanne Shuler**(Provided in September)* |  |  |
| V. Other Business |  |  |
| a.  | Jonathan French discussed the complexity of the healthcare system.  |  |
| VI. Meeting Recap | Kurt Caswell introduced this new standing agenda item. Per Kurt, the current high-priority initiatives include Anthem’s renewal issues, finalizing coverage for Centers of Value (report out September/October), Medicare Advantage plan transition & working with Social Security, Medicare Advantage plan renewal (meeting to be held later in the afternoon) and the Health Credit Premium Program’s upcoming requirements.A request was made to the Commission for feedback. Commission supports current Employee Health & Benefits strategy as outlined. |  |
| VII. Adjourn Meeting (11:31am) |  | Lois Baxter made motion to adjourn the meeting; Will Towers seconded; no abstentions. Motion passed. |

*2018 Meeting Schedule*

* *October 11, 2018*
* *November 8, 2018*
* *December 13, 2018*