STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, February 14, 2019 @ 8:30am**

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Kurt Caswell, Cecile Champagne-Thompson (via phone) Laurie Doucette, Sandra Doyon, Darcey Emery, Jonathan French, Becky Greene, Terry James, Kelly John, Peter Marcellino, Carrie Margrave (via phone), Mara McGowen, Lew Miller, Karen O’Connor, Robert Omiecinski, Holly Pomelow, Will Towers, Kim Vigue

(total = 20)

Commission members absent: Derek Chase, Eric Cioppa, Amy MacMillan

Vacant seat(s): One

Others present: Joanne Rawlings-Sekunda – Maine Bureau of Insurance (Eric Cioppa’s designee); Roberta Leonard, Heather Albert, Shonna Poulin-Gutierrez, Joel Hill – Employee Health & Benefits; Joseph Bataguas, Sabrina DeGuzman-Simmons, Louise McCleery, Al Saavedra – Aetna; Burr Duryee, Lianna DellaTorre – USI; Lisa Lagios, Jean Wood, Bill Whitmore - Anthem Blue Cross and Blue Shield; Max Knutsen - Maine Health; Romana Welton – MSEA; Marie Bridges, Courtney Morin – Northeast Delta Dental; Alan Parks – Alliant Insurance Services; Eric Jermyn – Cross Benefit Solutions; Erica Brown – MDC Public Health; Mark Souders – Maine General Medical Center

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| Agenda Item | Discussion | Action/Next Steps |
|  | All Labor members stepped out of the room for a caucus. | Johnathan French was elected the new Co-Chair. |
| **I. Call Meeting to Order (8:38 am)** | Jonathan French called the meeting to order. |  |
| **II. Introductions** |  |  |
| **III. Review & Approval of Minutes** (January 10, 2019) |  | 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 (1/1/18-12/31/18): Rolling medical claims $162M and total PMPM $450. Medical plan expenditures $15M for the month of December 2M. December’s increased due to claims hold, as expected. * Administrative Fees and Claims (7/2018-12/2018): Added this month. Displays a breakdown of fees by section and month. Misc. charges are credits to our account. Some members are direct billed when they go on a leave of absence, State gets credit for payments receive. * High Cost Claimants (over $50k): Paid over $71M; 616 members (165 retiree members). Consistent with BOB. Complex Infection/Bacterial Pneumonia added. * Paid Claims Distribution: 3,198 members have not filed a medical claim. 49% of members have claims less than $1,000. Very consistent * Top Ten Facilities: Very Consistent from prior months. * Emergency Room (rolling 12 months): $9.8M in E/R charges or 6.0% of total medical. There were 5,644 E/R visits of which 533 were admitted. 51% potentially avoidable (low intensity). Very consistent Month to Month. PMPM jumped 13% typical holidays due to Doctor’s offices being closed. Time of day in not available for reporting. * Map of the State of Maine: Provided to highlight where members, hospitals and walk in centers are located. * Live Health Online: 62 members register to the program, 8 members used it. Members speak with a live physician on an I-pad/phone. Will be promoting this feature. * 24/7 Nurse Line Activity Report: Members speak with a nurse. Down this last 12 months, but good utilization. * Targeted Health Conditions: Maine higher than BoB. Cancer, coronary heart disease, depression, maternity and diabetes are higher in the Northeast. * Engagement Summary: Total members 27,015. Unable to reach 55.9% of members. Correct phone numbers are an issue. Texting not an option for contact. * Lifestyle Conditions: Claims attributed to specific lifestyle account for 23.4% of total dollars spent. Osteoarthritis Except Low Back represents the primary lifestyle related condition by paid amount. Hypertension represents the highest Lifestyle related condition per 1000 and is 23.5% above Benchmark. Weight, tobacco use and preventative screenings are key factors. * Preventive Screenings: 18% above the bench mark for adult men. 15% above the bench for adolescents. Members are getting services. | Jean Wood will be looking into getting data for “never events” through possible quality reporting. **This item remains pending from the October 2018 meeting.**  Lisa Lagios will provide more information on if texting members can be an option in the future. **This item is outstanding from the November 2018 meeting.**  Lisa Lagios will look into the referral options that the nurse line is giving to members. **This item is outstanding from the November 2018 meeting.** |
| a.ii. Medicare Advantage Plan  *Aetna –* Sabrina DeGuzman-Simmons | Information contained in written report; highlights and discussion noted below:   * New Logo: Heart next to the Aetna logo because of CVS relationship. Everything will continue as is.   Call Summary: Up slightly from last month, consistent from last year. Benefits increase for January 2019. Increasing calls due to the population moving over to the Medicare Advantage Plan.  Executive Summary - Medical: January 2018 to December 2018 data comparison. Membership has increased 2.6%, consistent. Medical pharmacy has decreased 1.6%.Increase age 75-79. 70-79 larger increase. Maine has one of the oldest populations.  Member Medical Cost Share: 2.4% increase in deductible. Copays have decreased by .6%. 27% member paying out of pocket. Biggest driver is medical pharmacy. Members utilizing out of network providers. Goal is to steer members into in network pharmacies.  High Cost Claimants Over $75k: 7 of last 10 services rendered in the last quarter. Last 3 have passed no longer on the books.  Top 10 Diseases by Paid Amount: Consistent, Hypertension Hyperlipidemia are the top two.  Top 10 Utilization Detail by Diagnosis Category: Consistent  Medical Cost Category: Consistent**.**  Top 10 Providers:Consistent  Part D (Pharmacy) Executive Summary: Reflects claims through December 2018. Specialty scripts decreased. Total allowed amount has gone down. Opioids have decreased.  Top 20 Drug Report: Reflects claims through December 2018. Number 10 only 1 member utilizing this specialty IV drug.  Care Management: Identification rate 18% 50% above BOB. Higher engagement rate, very consistent. 3,969 members engaged with a nurse.  Member News: CVS ExtraCare health cards started being mailed out last week of January and will continue through late February. These cards offer 20% discount off all CVS store brand products. For Retirees only.  New Aetna store front location, moving from 175 Running Hill Rd., South Portland, ME 04106 to91 Marginal Way, Portland, ME 04101. The new location will be open on March 18, 2019. A communication to Retirees will be going out soon.  Medicare Advantage Part B Membership Update: Every Tuesday Aetna has set a conference call at 10am to answer member questions. This past week 62 people attended. Post card reminder going out of this service. Access and cost is the number 1 concern. | Joe Bataguas and Sabrina Simmons will provide more information regarding the increase in pharmacy at the October meeting. **This item is outstanding from the September 2018 meeting.**  Sabrina Simmons to provide additional information regarding the high-cost claimants. **This item is outstanding from the August 2018 meeting.**  Joe Bataguas stated will look into offering a survey to members post Health risk assessment. **This item is outstanding from the November 2018 meeting.**  Sabrina Simmons will look into why office visits are decreasing. **January 2019** |
| 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 (policy period): 94.4% Dec 15.4M knew there would be a jump. Next month will see first rebate check should see the numbers improve. No stop loss claims constant. * Recap of FY18: Still being provided for reference. * Medical Enrollment (policy period): Membershipcontinues to be down a bit. Fixed cost constant, based on head count. * Dental: Current loss ratio 104.7% for policy period - higher end.Northeast Delta Dental here to speak more on this. Claims continuing to run high. Want to spend down some of the unitization fund. YTD dental plan well over 100% some decisions to be made. Express Scripts, Inc. will present next month to do a thorough review. |  |
| 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:   * Last month Holly Pomelow and Kurt Caswell spoke in front of the Legislative panel about what the Health Commission does. Very engaged in health care. Proof is in the LD’s. * Kim Vigue asked about receiving ACA reporting for Community Colleges. Kurt Caswell will provide. * RFP for consultant services have not been started yet. Karen O’Conner asked if there could be an extension with USI. Kurt Caswell stated he would be happy to extend. |  |
| **IVb. UPDATES – BIANNUAL** | | |
| b.i. Dental Plan  *Northeast Delta Dental – Marie Bridges, Courtney Morin*  *(Provided in February & September)* | Marie Bridges handed out a packet of several reports. Discussion highlights below:   * Cost Experience Report: July 2018- January 2019 Current balance ($395k). Premium total received 4.2M. Total claims paid 4.1M. Current stabilization ($388k). Per Marie, the stabilization fund rolls year to year until the plan is terminated. * Claim Utilization: February 2018-January 2019. Broken out to the total dollars are spent on preventive care. Total dollars spent $7k on over 101 procedures. * Year over year Detail of Claims Paid: 2016-2017-2018 Cost have gone up while membership has gone down. * Network Utilization: Custom network 30% of claims, premier network is 57% of claims & nonparticipating is 12% of claims. 35% of dollars were paid to SOM network dentist. 53% were paid to premier providers & 11% to nonparticipating providers. Marie stated 93% of people have access to in network providers within 20 miles of residence. Darcey Emery asked how members would know if in network providers are excepting new patients. Marie responded providers are required to let Delta know if they are excepting new patients. Marie also has a team that is constantly reaching out. Members can contact Northeast Delta Dental if you have a dentist in mind. * HOW program: Is an enhanced dental care score. If you score between a 3-5 the member is at risk & may be eligible for enhanced benefits. This is Northeast Delta Dental software. 3513 members have qualified for addental benefit 1045, approved for enhanced benefits. * Impact of Benefit Changes: White fillings added in July 2016 is the main use of the stabilization fund & the HOW program. Adding to, about $400k. Claims run higher in January. Members who have not been risk assessed still make up the majority of claims on an annual basis. There is no observation cost impact of the HOW program to date. May reduce cost elsewhere. The HOW program is optional for dentist to participate in. 86% of dentist in Maine currently use tool. Northeast Delta Dental gives this tool to any dentist, but it’s not required some may choose not to use it. Some Dentist may use the tool, but do not enter in system. Darcy Emery asked if they are going to do another membership mailing, pushing members to ask providers to use the HOW program. Marie does not think that would be the most effective way. Northeast Delta Dental works with the providers directly. Recommend adding this information in the New Hire packets and/or back of the summary of benefits. Kurt Caswell responded industry wide motion to exchange information that includes HOW program. | Marie Bridges will send the Dental Action Report to Kurt. **This item is outstanding from the September 2018 meeting.**  Johnathan French asked do we know how many people are eligible for the HOW program? Courtney responded they do not have those numbers at this time Marie will provide. **This item is outstanding from the February 2019 meeting.** |
| 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)* | Formal report not due this month. |  |
| *IVc. UPDATES – ANNUAL* | | |
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| c.i. WellStarME  *Medical Care Development – Erica Brown*  *(Provided in August)* | Formal report not due this month. |  |
| c.ii. Expert Medical Opinion  *Grand Rounds – Kerryanne Shuler*  *(Provided in September)* | Formal report not due this month. | Kerryanne Shuler will ask her analytics team to provide more info/details regarding the savings methodology. **This item is outstanding from the October 2018 meeting.** |
|  | ***V. Other Business*** |  |
| *V.i. Other Business*  *Jean Wood Anthem* | Enhanced Personal Health Care Program explained below:   * Program Components: Looking at quality scores for physicians. Want to pay providers to keep us healthy, educate us with preventative services. * Anthems value bases program: Team that meets monthly shared best practices. * Tools and Support: Tool that is offered to all primary care physicians by Anthem within practice to assess risk scores for patients, share what the conditions are, impatient & outpatient. Breaks it down by patient. Allows the Doctor to have that information before the visit. * Emergency Room Visits: Tool breaks down analytic for potentially avoidable ER visits. Providers can communicate to other providers as well as with Anthem. * Emergency Room Top 10 Avoidable Diagnoses: Providers can click on headache, for example to see who, what, where & why. * Pharmacy Data-Cost & Utilization: 16M dollars on pharmacy claims. Can all be downloaded to excel spreadsheet. * Cost Opportunities by Specialty: Ability to sort by specialty to provide referrals for the most cost-effective procedures for members. * Individual Patent & Provider Details: Higher cost highlighted in red. Independent Primary Care Practices use this tool the most. * Specialty Designations: Similar to Centers of Excellence. * Facility Spend: Powerful tool to show hospital cost that is shared with providers. * Professional Spend County: Tool allows total cost index/quality comparison within the same county. * Professional Spend Group Practice: Drill down to the cost of the physicians within a particular practice. * Joanne Rawlings-Sekunda asked the difference of Archway vs Anthem. Jean Wood responded Archway high quality low cost for member. Anthem displays what physicians are doing. This information is constantly changing. * Jonathan French mentioned having a training/retreat for the commission**.** Possibility at the end of summer 2019. | Diane Bailey asked Anthem why there are not enough vision providers. Lisa Lagios responded Anthem is constantly recruiting new providers in the plan. Lisa Lagios will reach out for a list. **This item is outstanding from the November 2018 meeting.** |
| VI. Meeting Recap | Kurt Caswell provided the meeting recap:   * Going forward with Plan Design. Make some final decisions end of next month (March). Clarification on March’s duel meetings. The extra meeting is scheduled for March 28th in case we cannot get through all of plan design. |  |
| VII. Adjourn Meeting (11:03am) |  | Lois Baxter made motion to adjourn the meeting; Will Towers seconded; no abstentions. Motion passed. |

*2019 meeting schedule available at* [www.maine.gov/bhr/oeh](http://www.maine.gov/bhr/oeh)