STATE EMPLOYEE HEALTH COMMISSION MEETING

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

**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Lois Baxter, Cecile Champagne-Thompson (via phone), Laurie Doucette, Sandra Doyon, Darcey Emery, Jonathan French, Becky Greene, Amy MacMillan, Peter Marcellino, Lew Miller, Karen O’Connor, Robert Omiecinski, Holly Pomelow, Will Towers, Kim Vigue

(total = 16)

Commission members absent: Kurt Caswell, Derek Chase, Eric Cioppa, Terry James, Kelly John, Carrie Margrave, Mara McGowen

Vacant seat(s): One

Others present: Joanne Rawlings-Sekunda – Maine Bureau of Insurance (Eric Cioppa’s designee); Roberta Leonard, Shonna Poulin-Gutierrez, Joel Hill – Employee Health & Benefits; Joseph Bataguas, Sabrina DeGuzman-Simmons, Louise McCleery, Al Saavedra – Aetna; Burr Duryee, Heidi Giroux – USI; Lisa Lagios - Anthem Blue Cross and Blue Shield; Max Knutsen - Maine Health; Alan Parks – Alliant Insurance Services; Eric Jermyn – Cross Benefit Solutions; Erica Brown – MDC Public Health; Mark Sonders – Maine General Medical Center; Sue Wolf, Bryan Hammons - Express Scripts, Inc. Alan Parks – Alliant Insurance Services, Trevor Putnoky, Peter Hayes - Healthcare Purchaser Alliance of Maine; Laura Roberts – Sun Life, Mike Sisk – Cross Benefits Solution.

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| Agenda Item | Discussion | Action/Next Steps |
| I. Call Meeting to Order (8:36 am) | Jonathan French called the meeting to order. |  |
| II. Introductions |  |  |
| III. Review & Approval of Minutes (February 14, 2019) |  | Lois Baxter made motion to accept the minutes; Laurie Doucette 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 (2/1/18-1/31/19): Rolling medical claims $162M, and total PMPM $503. Medical plan expenditures $14M for the month of January. Very Consistent, down 572 contracts, 1100 members down, last month bump up.
* Administrative Fees and Claims (8/2018-1/2019): Displays a breakdown of fees by section and month. No legal settlements during this time. Anthem generates a credit invoice rather the send a check to the State of Maine.
* High Cost Claimants (over $50k): Paid over $71M; 617 members (168 retiree members). Over 50K of claims. Consistent with BOB.
* Paid Claims Distribution: 3,300 members have not filed a medical claim. 48% of members have claims less than $1,000. Very consistent with BOB.
* Top Ten Facilities: Very Consistent from prior months. May drop down or up month per month.
* Emergency Room (rolling 12 months): $9M in E/R charges or 7.2% of total medical. There were 5,620 E/R visits of which 539 were admitted. 51% potentially avoidable (low intensity). Very consistent month to month. Higher due to cold and flu season. Campaign planned on Live Health and Nurse First due to low utilization low. Holly Pomelow stated Live Health and Nurse Frist have been added to the onboarding process.
* Targeted Health Conditions: Maine higher than BOB. Cancer, coronary heart disease, depression, maternity and diabetes are higher in the Northeast.
* Engagement Summary: Total members 26,926. Unable to reach 50.1% of members. Correct phone numbers are an issue.
* Lifestyle Conditions: Claims attributed to specific lifestyle account for 23.5% of total dollars spent. Osteoarthritis Except Low Back represents the primary lifestyle related condition by paid amount and is 3.7% of total paid claims amount. Hypertension represents the highest Lifestyle related condition per 1000 and is 21.8% 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 follow up with Jean Wood next month (April)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 stated Anthem cannot text members now, but are looking at in the future.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.** The nurse will triagemembers by asking if there is something in the home that can help them, Tylenol, hot or ice pack. Direct members to the ER or physician if necessary. Provided members with Live Health On-Line services.Bill Whitmore will provide more information on Targeted Health Conditions at next month’s meeting. **March 2019.** |
| a.ii. Medicare Advantage Plan*Aetna –* Sabrina DeGuzman-Simmons. Louise McCleery | Information contained in written report; highlights and discussion noted below:Call Summary (12/1/18-2/28/19): Up slightly from last month mostly due to claims, consistent from last year. Benefits slightly decreases for February 2019.Executive Summary – Medical (11/17-11/18): Data comparison. Membership has increased 2.6%, consistent. Medical pharmacy has increased 2.4%. Member Medical Cost Share: 2.7% increase in deductible. Copays have increased to 8.5%. 6.2% member paying out of pocket. Members utilizing out of networkproviders.High Cost Claimants Over $75k: Consistent. Top 10 Diseases by Paid Amount: Consistent, Hypertension Hyperlipidemia still the top two.Background and Objectives: A survey to measure the satisfaction of members transitioning into the Medicare Advantage Plan from the active State of Maine plan and service they receive. Report Card Summary (2018): Overall satisfaction with Aetna 95% with retirees that are utilizing the plan. Your member comments: Positive results. Dissatisfaction copays, hearing aid coverage. Executive Summary: Customer service result higher then BOB. 7-8 members utilizing the store front. Changing location soon, will provide communication to retirees. Member Communication: Looking at how Aetna can change behavior to better serve members. Provide target mailing each quarter. Lew Miller asked how is the targeted group selected. Sabrina responded claim process is what drives this communication. The Medicare Advantage Difference: Medicare Supplement vs. Medicare Advantage plan. Turning 65 eligible, most members have a secondary plan to cover cost share. Better Health Outcomes with Medicare Advantage: Maine growth since inception 13%. STAR rating report card from Medicare 1-5 Aetna rated #4. Manage more cost effectively while providing care for members.Provider Collaboration Initiative: Designed to improve cooperation with providers to collaborative care management in the local markets. Member get what they should get when they need it – is the theme. Data and analytics provides member level reporting. Holly Pomelow asked what kind of data do you provide. Louise has provided a report for an example. Collaboration clinical Management: Aetna resources collaborate by provider resources to create a monthly review of clinical trends. State Retirees Engaged in MA Collaborations: As of March 1st, there are 8,676 State of Maine retirees that qualify. 60% are in an Aetna collaboration. National Stars Performance Top 10: 155 total collaboration that are apples to apples in Maine. Last year 4 of the top 10 were in Maine. This year top 3, expect to go back to 4. Providers have until the end of March to report back. Maine Performance – Star Measures (12/2018): Measures that cannot be measured from a claim. Providers must do the work to submit this data. STARS Ratings by State: Overview of State Maine. Perform triple rate at the top average on the single weighted measure. Maine is at the top. Holly Pomelow asked what does Triple weighted mean? Louise responded if you pay $.50 cents you get $1.50. Single weighted pay $.50 get $.50 – example. | 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 DeGuzman-Simmons will check into.Sabrina Simmons to provide additional information regarding the high-cost claimants. **This item is outstanding from the August 2018 meeting.** Sabrina DeGuzman-Simmons will check into.Joe Bataguas stated will look into offering a survey to members post Health risk assessment. **This item is outstanding from the November 2018 meeting.** Joe Bataguas will check his notes on this matter.Sabrina Simmons will look into why office visits are decreasing. **This item is outstanding from January 2019.** Sabrina DeGuzman-Simmons will check into.Joanne Rawlings-Sekunda does Aetna do a CAHPS survey? Sabrina responded yes with an internal vendor. Will provide information next month. March 2019Holly Pomelow asked what were the questions asked in the survey. Sabrina will provide. March 2019Jonathan French asked what is the STAR ratings average score? Louise will provide the metric. March 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): 96.3%. January 2019 $14.5M in medical claims. $2.4M Rebate check will be reflected on next month’s report. Uptick in claims, due to the cold and flu season.
* Recap of FY18: Still being provided for reference.
* Medical Enrollment (policy period): Increased slightly.
* Dental: Current loss ratio 107.6% for policy period. Higher end.Claims continuing to run high, still an issue.Still continuing to work with Northeast Delta Dental to get cost down. Claim numbers are stabilizing.
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| a.iv. Executive Summary*Employee Health & Benefits –*  | The Executive Summary report was provided to the Commission via e-mail prior to the meeting. Discussion highlights below: * LD’s added.
* LD 555 – An Act To Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage. No negative impact to members.
* LD 109 – An Act To Create a Public Health Insurance Option
* LD 38- An Act To Require Insurance Coverage for Hearing Aids for Adults.
* Plan design document attached.
 | Lois Baxter asked if members are allowed to switch back from the Medicare Advantage Plan. March 2019  |
| IVb. UPDATES – BIANNUAL |
| b.i. Dental Plan*Northeast Delta Dental – Marie Bridges, Courtney Morin**(Provided in February & September)* | Formal report not due this month. | 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 and Brian**(Provided in March & August)* | Sue Wolf handed out a packet of several reports. Discussion highlights below:* State of Maine Benefit Plan Overview: 4 Tier prescription overviews. Out of pocket limit $4600 single/$9200 family. Prescription drug copayments/coinsurance are subject to out of pocket limit. Large pharmacy network about 70,000. Accredo specialty pharmacy.
* Plan Performance: Members have decreased slightly. Gross net PMPM has increased. Plan cost PMPM has increase. Plan cost Net PMPM has increased. Rebates State receives, 100% of rebates at net cost. Plan covers actives and retirees. Net includes rebates.
* Trend Dashboard: Comparison of other State plans to the State of Maine plan. 3.8% decrease average members per month. Inflammatory conditions the highest at 17.6%. New England has a higher MS trend. Would like to do research on why. 90-day utilization plan on prescriptions allowed and can have mail order. Members and plan save money when utilized. 45% of plan cost is spent on specialty drugs.
* Top Line Performance Metrics: Plan cost net PMPM increased to $106.90, driven by utilization trend. Specialty plan cost net PMPM increased to $48.49, driven by the specialty utilization trend.
* Trend Components Plan Cost Net PMPM: Specialty plan cost increased 11.0%, driven by the specialty drug utilization. Non-Specialty increased 0.4%. Total trend to increase 4.9%. Rebates reduce costs by $5.8M, makes a big difference on the bottom line.
* Top Line Performance Metrics: Actives Plan Cost Net PMPM trending at 2.5%. Retirees Plan Cost Net PMPM trending at 15.6%. Down 6.9%, change due to members moving over to the Medicare Advantage plan.
* Top Line Performance Metrics Specialty: 1.4% Specialty drive the total plan cost net of $7.8M.
* Top 10 Indications: 54.8% represent total Plan Cost Net. Inflammatory condition is the top indication condition. Most of the drugs for inflammatory will be specialty drugs.
* Upcoming Patent Expirations: Current utilization of $6M in brand drugs losing patent protection by 2023. History is when drugs become generic specialty drug is discontinued, this is no longer the case.
* Novel FDA Approvals: Trending and Specialty drugs increasing. 39 new specialty drugs in 2018, the most in one year. 34 used to treat a rare disease. Higher cost on these drugs.
* Super Spending Patients: Over 17.2% of plan cost is being driven by 0.2% of patients using over $50K.
 | Amy MacMillan asked if ESI is forecasting on Maine’s rising age population. Susan will look into. March 2019 |
| *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 Medical Plan Design.* *USI - Burr Duryee and Lisa Lagios* | Addendum to the Executive Summary. Option A and Option C. Discussion highlights below:* Option A introduces a 4.60% increase working of rates. Revenue increased $237M.
* Option C introduces a 3.84%. This does not affect cost shares to members. Revenue increased $236M.
* Fix cost projections total number same for both projection $240M
* Added services in both option A & C Medical - Carrum Health-COE’s, Infusion Services, Live Health On-line. Pharmacy - Diabetic Remote Monitoring, Opioid Management, Prior Authorization and SafeGuard RX – Rare Disease.
* 2M in saving for Plan Design recommendations.
* Karen O’Connor asked with FAME and others coming onto the SOM plan what is the impact? – Burr responded they built in a variance by market check analysis.
* Flex Spending Program fee – to be removed as the State of Maine members responsibility. This is to promote members to enroll.
* Carrum Health will replace the current COE’s we have in place.
* Goal to have bundle payments on procedures.
* Infusion Services - 276 members are having this service. 145 members are having this service in a facility. Home cost is $1M in savings. 10 infusion centers in Maine. Some independent facilities.
* Live Health On-Line - $20. Copay currently, recommendation $0. co-pay. Used for non-medical emergencies, such as- rashes and sore throats. Includes mental health services as well. Getting members to register in advance is one of the biggest challenges. Anthem will campaign communication on this service.
* Diabetes Remote Monitoring System - Livongo -About 1400, members will be eligible. – Jonathan French asked about cellular coverage being an issue. Sue responded if they are unable to make a connection, once reestablished the message will go through, there could be a delay. The member has the capability to set up a contact person(s) if there is an abnormal reading that person(s) will be notified.
* Opioid program – disposal bag will be sent automatically when a prescription is filled.
* Expand the number of drugs that require a prior authorization. Existing users will be grandfathered. Just impact patience that are new to the drug.
* Safeguard RX - Rare disease. No members in this category currently.
 | 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.**Diane Bailey asking about the State budget. Burr responded that Kurt Caswell has not gotten exact numbers on this. Biannual what is not spent can be left over for next year. Diane would like to have this confirmed. March 2019Amy MacMillan can Live Health On-Line send lab orders? Lisa will check, but they can call in prescriptions. March 2019Laurie Doucette made motion to pass the recommendations for plan design for Option C; Sandie Doyon seconded; no abstentions. Motion passed. |
| VI. Meeting Recap | Jonathan French provided the meeting recap:* Confirming that the SEHC will take place on March 28th for Plan Design on Dental.
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| VII. Adjourn Meeting (10:54am) |  | Louise Doucette, 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)