



Janet T. Mills  
Governor

STATE OF MAINE  
STATE EMPLOYEE HEALTH COMMISSION  
61 State House Station  
Augusta, ME 04333-0061

Jonathan French  
Labor Co-Chair

Heather Perreault  
Management Co-Chair

STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, August 8, 2019 @ 8:30am**  
**Central Maine Commerce Center, Augusta**

Commission members in attendance: Diane Bailey, Kurt Caswell, Cecile Champagne-Thompson (via phone), Sandra Doyon, Darcey Emery, Kelly John (via phone) Jonathan French, Mara McGowen, Karen O'Connor, Robert Omiecinski, Heather Perreault, Jon Woodard (total = 12)

Commission members absent: Lois Baxter, Derek Chase, Eric Cioppa, Laurie Doucette, Becky Greene, Terry James, Peter Marcellino, Carrie Margrave, Lew Miller, Will Towers, Kim Vigue.

Vacant seat(s): One

Others present: Joanne Rawlings-Sekunda – Maine Bureau of Insurance (Eric Cioppa’s designee); Heather Albert, Roberta Leonard, Shonna Poulin-Gutierrez, Joel Hill – Employee Health & Benefits; Breena Bissell – Bureau Human Resources/DAFS; Joseph Bataguas, Sue Guerette – Aetna; Lianna Della Torre, Burr Duryee – USI; Lisa Lagios, Jean Wood, Jonathan Edwards, Kristine Ossenfort - Anthem Blue Cross and Blue Shield; Max Knutsen - Maine Health; Erica Brown, Alphonse Allen Laney – MDC Public Health; Trevor Putnoky, Peter Hayes - Healthcare Purchaser Alliance of Maine; Deirdre Kenney – Department of Labor, Laura Robert - Sun Life, Mark Sonders, Maine General; Romana Welton – MSEA; Sue Wolf, Bryan Hammons – Express Scripts; Alan Parks – Alliant Insurance Services; Cindy Walsh, Eric St. Adam, Ina Marie Cappabianca – Humana/The TGN Agency

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:34am)</b>	Jonathan French called the meeting to order.	
<b>II. Introductions</b>	Announcement was made the Heather Perreault, Deputy Commissioner of Finance/DAFS has been appointed to the Health Commission. Heather will serve as the management co-chair.	
<b>III. Review &amp; Approval of Minutes (July 11, 2019)</b>		Lois Baxter made motion to accept the minutes; Darcy Emery seconded; no abstentions. Motion passed.
<i>IVa. UPDATES-MONTHLY</i>		
<b>a.iii. Plan Experience Summary (active health &amp; dental) USI - Burr Duryee</b>	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: <ul style="list-style-type: none"> <li>• <u>Medical Budget to actual (policy period):</u> 93.9% total less rebates &amp; guarantees. Over \$12M in medical claims. Over \$3M in pharmacy</li> </ul>	



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	<p>claims. Negative dollar amount in stop loss claims of over \$241K. RX claims drop by \$1M and \$50K for stop loss.</p> <ul style="list-style-type: none"> <li>• <u>Recap of FY18</u>: Still being provided for reference.</li> <li>• <u>Medical Enrollment (policy period)</u>: Consistent.</li> <li>• <u>Dental</u>: Current loss ratio 111.9% for policy period. Should start to stabilize.</li> </ul>	
<p><b>a.i. State of Maine Health Plan (medical update)</b> <b>Anthem Blue Cross &amp; Blue Shield</b> <b>- Lisa Lagios</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Executive Summary (7/18-6/19)</u>: Rolling medical claims \$164M, and total PMPM \$513K. Retirees \$35M. Total paid claims for June 2019 \$12M. Consistent.</li> <li>• <u>Administrative Fees and Claims (1/19-6/19)</u>: Display of weekly and monthly invoices broken into categories.</li> <li>• <u>High Cost Claimants (over \$50k)</u>: Paid over \$72M; 632 members, 166 are retiree members that account for \$20M. 13 children under the age of 1 at \$1.5M. This number reflects newborn claims, not multiple births and keeps increasing, still watching closely. No new members on list.</li> <li>• <u>Paid Claims Distribution</u>: 2,923 members have not filed a medical claim. 47% of members have claims less than \$1K. Less than 1% of members have claims over \$1K. Very consistent with benchmark.</li> <li>• <u>Top Ten Facilities</u>: Very Consistent from prior months.</li> <li>• <u>Emergency Room (rolling 12 months)</u>: Over \$952K in E/R charge or 6.3% of total medical paid amount. 5,714 E/R visits of which 528 were admitted. 50% of total visits are potentially avoidable, costing over \$3.2M. Members may have been able to use walk-in centers or call LiveHealth Online, time of E/R visits is unknown.</li> <li>• <u>Top 20 ER Providers by paid amount (rolling 12 months)</u>: Breakdown per facility. Maine General Medical Center had the highest number of ER visits, 1305 and the largest amount in paid claims \$1.9M. Jean Wood stated Anthem is talking with walk-in centers to concentrate on the Augusta area. Karen O'Connor asked for an example of whom. Jean Wood stated this information is confidential. Kurt Caswell responded that Convenient MD is very interested in a location in the Augusta area.</li> </ul>	<p>Holly Pomelow asked if a breakdown of the types of cancers could be added. July 2019 Lisa Lagios provided a slide.</p> <p>Jonathan French requested LiveHealth Online reporting. Lisa Lagios will start providing August 2019.</p> <p>Kurt Caswell asked about educating members on LiveHealth Online. Lisa Lagios will provide instructions on how to sign up and stated information does have to match id cards exactly. The site should not ask for a credit card and members do have to have a cell phone or laptop in order to provide video. August 2019</p>



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- State Map: Provided to show where hospitals and walk in centers are located.
- Targeted Health Conditions: Cancer, coronary artery disease, maternity, depression and diabetes are the top 5. Consistent.
- Cancer Summary: Breakdown of type of cancer, number of members and claims amount. Chemotherapy has the largest claim amount of over \$6M with 105 members.
- Engagement Summary: Total members 26,609. Unable to reach 48% of members due to incorrect phone number or no responses. 1.7% of population have been reached.
- Lifestyle Conditions: Claims attributed to specific lifestyle make up for over 24% of total dollars spent. Osteoarthritis except low back represents the primary lifestyle related condition by paid amount and is 4.2% of total paid claims amount. Hypertension represents the highest lifestyle related condition per 1000 over 21% above the benchmark. Weight, diet, tobacco use, exercise, obesity and preventative screenings are key factors.
- Preventive Screenings: Members are getting services. Above benchmark in most cases.

***a.ii. Medicare Advantage Plan  
Aetna – Joseph Bataguas.***

Information contained in written report; highlights and discussion noted below:

- Call Summary (1/1/19-6/30/19): Trending consistent. Members use of AetnaNavigator.com is increasing.
- Executive Summary – Medical (5/18-4/19): Membership has increased by 3.0%. Medical pharmacy cost has decreased 3.7%. Keeping an eye on this.
- High Cost Claimants Over \$100k: Consistent.
- Top 10 Diseases by Paid Amount: Hypertension Hyperlipidemia still the top two. Consistent.
- Utilization Detail by Medical Cost Category: Total number of claims 286,297. Total admits 1,893. Total paid amount over \$78M. Utilization dropped by 13%, positive change.
- Top 10 Provider Services Profile by Paid Amount (5/18-4/19): Consistent.
- New for 2020: Mental health support. An online program that is referred by medical staff. Councilors are provided twice a week. A



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	<p>check will be scheduled 3 months after program is over. Effective date January 1<sup>st</sup>, 2020. Diane Baily asked how this program will be promoted. Joe Bataguas stated information will go out with the annual notice.</p> <ul style="list-style-type: none"> <li>• <u>Member Updates</u>: Improving member health by encouraging members to visit their doctor for needed care, by using robo-calls and emails to reach out members. A sample of emails provided.</li> </ul>	
<p><b>a.iv. Executive Summary Employee Health &amp; Benefits – Kurt Caswell</b></p>	<p>The Executive Summary report was provided to the Commission via e-mail prior to the meeting. Discussion highlights below:</p> <ul style="list-style-type: none"> <li>• <u>Communication</u>: EH&amp;B participated in the new employee orientation for DOT on July 15<sup>th</sup> and the police academy on July 2<sup>nd</sup>.</li> <li>• <u>Wellness</u>: Naturally slim has compiled a summary of cohort 1 and 2 for plan year 18-19. The newest WellStarME pilot project will be exploring stress management resource.</li> <li>• <u>Health Plan</u>: Carrum health will be providing quarterly updates starting in October. Two mailers have gone out to members.</li> <li>• <u>Appeals</u>: Deadline for a formal submission is August 9th. The review process will begin in September.</li> <li>• <u>Dental Plan</u>: A payment is expected to reduce the deficit by \$880K by the close of FY20.</li> <li>• <u>RFP's</u>: EH&amp;B is working on the audit of the Health plan. Must prioritize with the new HRSM project.</li> <li>• <u>Second Year of Medicare Part B Transition</u>: Will provide information once finalized. Will focus on population under age 80.</li> <li>• Diane Baily asked for an update on legislation LD38, hearing aids. Kurt Caswell stated this will addressed during plan design for members on the Anthem plan, effective date July 1<sup>st</sup>, 2020. This does not impact the Medicare Advantage plan.</li> </ul>	
<p><i>IVb. UPDATES – BIENNIAL</i></p>		
<p><b>b.i. Dental Plan Northeast Delta Dental – Marie Bridges, Courtney Morin (Provided in February &amp; September)</b></p>	<p>Formal report not due this month.</p>	<p>Marie Bridges will send the Dental Action Report to Kurt. <b>This item is outstanding from the September 2018 meeting.</b></p> <p>Johnathan French asked do we know how many people are eligible for the HOW program? Courtney responded they do not</p>



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		have those numbers at this time Marie will provide. <b>This item is outstanding from the February 2019 meeting.</b>
<b>b.ii. Living Resources Program – ComPsych – Tricia Mahoney (Provided in June &amp; October)</b>	Formal report not due this month.	
<b>b.iii. State of Maine Health Plan Express Scripts, Inc. - Sue Wolf and Brian Hammons (Provided in March &amp; August)</b>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Plan Overview (FY19)</u>: Out of pocket limit \$4600K single/\$9200K family. Nothing has changed for 7-1-19 on the base plan. Assistance can be offered to patience with out of pocket cost. \$287K worth of assistance, this comes from many different sources such as manufactures and community.</li> <li>• <u>Cost and Trends (FY19)</u>: Partnered with Livongo a diabatic program. 234 members excepted a meter so far. Inflammatory medications are the top medications being advertised. Prior authorization is now needed, current users do not need one. Prior authorization can be resolved by phone call or fax. Most cases are resolved in 1 business day. Opioid management was also implanted effective July 1<sup>st</sup>, 2019.</li> <li>• <u>Total Plan Cost</u>: PMPM increased by 7.9% Generic fill rate decreasing. Specialty medications continue to be the focus.</li> <li>• <u>Plan Performance</u>: Enrollment has decreased. 90-day utilization has increased.</li> <li>• <u>Market Place Updates</u>: Gene therapy, a new technique that uses genes to treat or prevent disease.</li> <li>• <u>Top 25 Drugs</u>: Humira pen and stelara, both treat inflammatory conditions, rank as the top two. Generics are starting to be patented. This will create savings to the plan.</li> <li>• <u>New Drugs</u>: Luxturna approved in 2017, cure for rental dystrophy, injection into each eye. \$850K for a one-time dose. Zolgensma one-time IV infusion costing over \$2.5M. Will cure SMA Type 1, very rare disease. Can pay for the drug over time.</li> </ul>	Amy MacMillan asked if ESI is forecasting on Maine’s rising age population. March 2019. Age and claim utilization are taken into account.

**IVc. UPDATES – ANNUAL**



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<p><b>c.i. WellStarME Medical Care Development – Erica Brown (Provided in August)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Flu Vaccination Analysis (2011-2018)</u>: Significant decline in members utilizing flu clinics, may be because members are getting vaccines on their own.</li> <li>• <u>Heath Screenings (FY19)</u>: Decrease in how many are scheduled due to the 3 options added. Members showed interested in knowing their numbers.</li> <li>• <u>Data</u>: Slides provided with detail on how members are. 61% of members had 2 or more risk factors. 43% of members are at risk for pre-diabetes. Tobacco use is a mandatory question on WellStarME and has decreased from 2016. Data for wellness numbers may not be as clean when members are entering the information themselves. Perimeters are built in to the system to prevent extreme data errors.</li> <li>• <u>Surveys</u>: Are sent to members 24 hours after screenings. Overall experience 10 out of 10.</li> <li>• <u>Onsite Dental pilot</u>: Length of time was less then 30 minutes. Comments were mostly positive. Why members are not visiting the Dentist, time and not having a dentist were the top two answers.</li> <li>• <u>Overall wellness questions</u>: Consistent year to year. These questions are customizable. Depression and stress rated low. Will continue to promote the Living Resources programs.</li> <li>• <u>Pilot Programs</u>: Blood pressure, national diabetes prevention program, desk exercises and back safety videos, on-site dental pilot, weight watchers, lunch and learns and bathroom signage expansion.</li> <li>• <u>Enhancements</u>: Ongoing with technology and programmatic.</li> </ul>	
<p><b>c.ii. Expert Medical Opinion Grand Rounds – Kerryanne Shuler (Provided in September)</b></p>	<p>Formal report not due this month.</p>	
<p><b><i>V. Other Business</i></b></p>		
<p><b>V.i. Hospital Cost Analytics- Healthcare Purchaser Alliance of Maine – Peter Hayes</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Rand Study of Variation of Commercial Reimbursements as a % of Medicare</u>: Version 2.0, working on version 3.0. New York Times</li> </ul>	



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	<p>headline: Many hospitals charge double or triple what Medicare would pay. This varies per area. Health care is increasing 25% since 2007.</p> <ul style="list-style-type: none"> <li>• <u>Impacts paychecks</u>: Almost 20% of income is going into health care.</li> <li>• <u>Cost Implications for the State of Maine</u>: 150%-200% of Medicare is the best value as determined from the Rand study based on quality and cost supported by Maine results.</li> <li>• <u>American Hospital Association</u>: Medicare payments cover 87% of hospital care. In 2018 \$122M in annual cost.</li> <li>• <u>Possible Solutions</u>: Reference based pricing, direct contracting with health facilities, creating incentives to use high-quality cost-effective facilities, narrow health facility networks and start a state-wide conversation around facility pricing transparency.</li> <li>• <u>Medicare largest health insurer in the world</u>: Michigan has figured out how to run efficiently at 160% of Medicare, by providing high quality care at a lower cost.</li> <li>• <u>Utilization</u>: Rand 2.0 have agreed to work with Maine to provide data. Using Leap-frog patience safety scores.</li> </ul>	
<b>VI. Meeting Recap</b>	<p>Jonathan French provided the meeting recap:</p> <ul style="list-style-type: none"> <li>• LiveHealth online slide Anthem provided was viewed.</li> <li>• Requested that all members complete the survey Shonna Poulin-Gutierrez sent out regarding the retreat.</li> <li>• Maine Health Contract update provided by Jean Wood. Anthem negotiates contracts on the State of Maine’s behalf. Contract renewed as of 10-1-19 for 2 years. Maine Health will continue to be in network. Anthem was pleased with the results. Moving towards fixed pricing. Standard practice is: notices need to go to members 60 days before a contract expires.</li> <li>• Burr Duryee asked if Anthem is basing fix pricing from Medicare or using other methodologies. Jean Wood stated they are using other methodologies.</li> <li>• Aon presentation was sent to commission, rescheduling to a later date.</li> </ul>	<p>Carrie Margrave asked if ancillaries could have a copy of the Carrum Health mailing. June 2019. Kurt Caswell will be providing via email.</p>
<b>VII. Adjourn Meeting (11:15 am)</b>		<p>Lois Baxter made motion to adjourn the meeting; Darcie Emery seconded; no abstentions. Motion passed.</p>



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