



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, September 12, 2019 @ 8:30am
Central Maine Commerce Center, Augusta

Commission members in attendance: Lois Baxter, Kurt Caswell, Cecile Champagne-Thompson, Laurie Doucette, Becky Greene, Kelly John (via phone), Jonathan French, Carrie Margrave, Mara McGowen, Lew Miller, Robert Omiecinski, Heather Perreault, Will Towers, Kim Vigue, Jon Woodard.
(total = 15)

Commission members absent: Diane Bailey, Derek Chase, Eric Cioppa, Darcey Emery, Terry James, Peter Marcellino, Karen O'Connor.

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; Holly Pomelow – Bureau Human Resources/DAFS; Joseph Bataguas, George Doyle, Libby Collet, Louise McCleery – Aetna; Lianna Della Torre, Burr Duryee, Michael Rosenman – USI; Lisa Lagios, Jonathan Edwards, Stephanie Washburn, Kristine Ossenfort - Anthem Blue Cross and Blue Shield; Erica Brown, Alphonse Allen Laney, Kelsey Robinson – MDC Public Health; Trevor Putnoky - Healthcare Purchaser Alliance of Maine; Laura Robert - Sun Life; Deirdre Kenney – Maine Turnpike Authority, Marie Bridges – Northeast Delta Dental; Jeff Scott – Express Scripts; Alan Parks – Alliant Insurance Services; Cindy Walsh – Humana; Tashia Fenzi, Tina Marie Cappabianca – The TGN Agency; Mike Sisk – Cross Benefit Solutions; Scott Megill – Coriell Life Sciences.

| Agenda Item | Discussion | Action/Next Steps |
|---|--|---|
| <i>I. Call Meeting to Order (8:31am)</i> | Jonathan French called the meeting to order. | |
| <i>II. Introductions</i> | | |
| <i>III. Review & Approval of Minutes (August 8, 2019)</i> | | Lois Baxter made motion to accept the minutes; Will Towers seconded; no abstentions. Motion passed. |
| <i>IVa. UPDATES-MONTHLY</i> | | |
| <i>a.i. Plan Experience Summary (active health & dental) USI - Burr Duryee</i> | 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"> • <u>Medical Budget to actual (policy period):</u> 89.7% total including rebates & guarantees. Over \$13M in medical claims. Over \$3M in pharmacy claims. Over \$16M in total claims. Positive start for the fiscal year. • <u>Recap of FY18:</u> Still being provided for reference. | |



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| | <ul style="list-style-type: none"> • <u>Dental</u>: Current loss ratio 98.9% for policy period. Stabilization fund deficit will decrease. | |
| <p>a.ii. State of Maine Health Plan (medical update) Anthem Blue Cross & Blue Shield - Lisa Lagios</p> | <p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Executive Summary (8/18-7/19)</u>: Rolling medical claims \$163M, total PMPM \$513K. Retiree population \$35M out of the \$163M. Total paid claims for July 2019 \$13M. Consistent. Membership decreased slightly for July. • <u>Administrative Fees and Claims (2/19-7/19)</u>: Display of weekly and monthly invoices broken into categories. Pharmacy admin fees added due to site of care of injections. State surcharges will double next month due to the timing of the invoice. • <u>High Cost Claimants (over \$50k)</u>: Paid over \$70M to 627 members, 160 are retiree members that account for \$19M. 19 children under the age of 1 at over \$2M. This number reflects newborn claims, not multiple births and is increasing, still watching closely. • <u>Paid Claims Distribution</u>: 3,317 members have not filed a medical claim. 48% of members have claims less than \$1K. Less than 1% of members have claims over \$1K. Very consistent with benchmark. • <u>Top Ten Facilities</u>: New York Presbyterian was added to the list. • <u>Emergency Room (rolling 12 months)</u>: Over \$10M in E/R charges or 6.2% of total medical paid amount. 5,670 E/R visits of which 537 were admitted. 50% of total visits are potentially avoidable, costing over \$3M. Now tracking live Health on-line. 72 members have registered, would like to see this increase. Low utilization on the nurse line, 6 calls. • <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, 1302 and the largest amount in paid claims over \$1.9M. • <u>Targeted Health Conditions</u>: Consistent. • <u>Cancer Summary</u>: Breakdown of type of cancer, number of members and claims amount. Chemotherapy has the largest claim amount of over \$5M with 108 members. • <u>Engagement Summary</u>: Total members 26,563. Unable to reach 19% of members due to incorrect phone number or no responses. Lisa shared a member story. | <p>Jonathan French requested LiveHealth Online reporting. Lisa Lagios will start providing August 2019. Lisa Lagios provided a slide.</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 to provide video. August 2019. Lisa Lagios stated, to register ahead of time by visiting livehealth.com download app. Input information exactly as shown on id card. Set up a profile and create a password. Choose which doctor you would like to see. For children under 18 a parent must be there with them. Children living out of State works very well. Low utilization on the nurse line 6 calls.</p> <p>Joanne Rawlings-Sekunda ask if the member(s) that used New York Presbyterian Hospital live in New York or was visiting. Lisa Lagios will provide this information as we ass what type of services are taking place. September 2019 Lisa Lagios stated the claims are from 1 member, the procedure is not available in Maine.</p> |



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| | <ul style="list-style-type: none"> • <u>Lifestyle Conditions</u>: Claims attributed to specific lifestyle conditions 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 20% above the benchmark. Weight, diet, tobacco use, exercise, obesity and preventative screenings are key factors. • <u>Preventive Screenings</u>: Low compared to Benchmark. | |
| <p>a.iii. Medicare Advantage Plan Aetna – Joseph Bataguas</p> | <p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Call Summary (1/19-8/19)</u>: Trending consistent. Members use of AetnaNavigator.com is slightly increasing. • <u>Executive Summary – Medical (5/18-5/19)</u>: Membership has increased by 3.0%. Medical pharmacy cost has increased. Members on the Medicare Advantage plan are increasing. These numbers will increase drastically for July due to retiree transition program. Error on slide - total medical paid is mislabeled should be pharmacy and vice versa. Will update and send out new copies. • <u>High Cost Claimants Over \$100k</u>: Consistent. • <u>Top 10 Diseases by Paid Amount</u>: Hypertension and Hyperlipidemia still the top two. Consistent. • <u>Utilization Detail by Medical Cost Category</u>: Total number of claims 285,763. Total admits 1,899. Total paid amount over \$78M. Utilization dropped by 7%. Consistent with last month. • <u>Top 10 Provider Services Profile by Paid Amount (5/18-4/19)</u>: Consistent. • <u>Part D Pharmacy (7/19)</u>: 8,283 members that had a claim. Slight decrease in the number of opioids being proscribed. • <u>Top 20 Utilized Drug Report</u> : Provided as a reference. Well above BOB. • <u>Clinical Stars Fitness Outcome (6/19)</u>: Seeing Improvement. • <u>Silver Sneakers</u>: 8,753 eligible members, 1,505 enrolled. • <u>Health Home Visits</u>: Members get a call every year per CMS rules. • <u>Member Updates</u>: Personalized comminution booklet designed to engage and encourage members to take action on improving overall health. | |



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| <p>a.iv. Executive Summary Employee Health & Benefits – Kurt Caswell</p> | <ul style="list-style-type: none"> • Joe announced he has accepted a new role within Aetna. <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"> • <u>Communication</u>: EH&B participated in the new employee orientation for DOT on August 12th. • <u>Wellness</u>: Flu vaccination clinics are being coordinated. Naturally Slim received 492 completed applications. Individuals that met the eligibility guidelines were notified on September 6th. • <u>Health Plan</u>: Carrum Health will start providing quarterly updates in October. • <u>Appeals</u>: A meeting is scheduled for September 24th to review the appeals. • <u>Dental Plan</u>: The deficit has decreased. • <u>RFP's</u>: EH&B is working on the audit of the Health plan. Must prioritize with the new HRSM project. • <u>Plan Design</u>: A meeting is scheduled September 24th to discuss the Medicare Advantage renewal. | |
| <p>IVb. UPDATES – BIENNIAL</p> | | |
| <p>b.i. Dental Plan Northeast Delta Dental – Marie Bridges (Provided in February & September)</p> | <p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Cost Experience Report (July 2018–August 2019)</u>: 2-page slide of premium calculation, claims paid, and claims reserved. Decreasing change in deficit. • <u>Utilization Summary (8/19-7/19)</u>: Total number of paid claims over \$7M. Total covered lives 25,775 as of 7/31/19. Average cost/claim \$135.32. Total number of claims 55,757. Average enrollment has increased. Possibly do to the health premium credit program. Low percentage of members that reach the annual max at 5%. Annual maximum is different depend on what type of provider you see. In network, out of network and premier network. • <u>Claims Comparison Report (8/16-7/19)</u>: Average number of members and cost of PEPM have increased. • <u>Network Utilization & Savings Report (8/18-7/19)</u>: Claims broken out by provider network. 100% of claims have been paid to date. | <p>Marie Bridges will send the Dental Action Report to Kurt. This item is outstanding from the September 2018 Marie Bridges provided.</p> <p>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. Marie Bridges provided.</p> <p>Jonathan French asked is there a way to track individuals participating in the HOW program and the benefit this has on members. Marie Bridges said they are working on this data. September 2019</p> |



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| | <ul style="list-style-type: none"> • <u>Annual Maximum Summary (8/18-7/19)</u>: Plan max \$1,200. Broken out by group, State of Maine employees and State of Maine ancillaries. • <u>Lifetime Maximum Summary (8/18-7/19)</u>: Plan max \$1,500. Broken out by group, State of Maine employees and State of Maine ancillaries. • <u>Oral Wellness (8/18-7/19)</u>: 27% of members are not getting any services out of 22,691. HOW program is designed to prevent more serious dental issues for members such as periodontal disease. Consistent with BOB. • <u>Member Oral Health Trends</u>: Slight increase in low risk category, positive change. Statists show that women go to the dentist more then men. • <u>Preventive Care Utilization Trend (2016-2019)</u>: Data captured over time that shows the decrease of other dental issues. • <u>Gum Disease Trend</u>: Slightly increasing. • <u>How Clinic Risk Assessments</u>: Broken out in detail Members that are approved for this benefit are not always use it. | |
| <p>b.ii. Living Resources Program – ComPsych – Tricia Mahoney (Provided in June & October)</p> | <p>Formal report not due this month.</p> | |
| <p>b.iii. State of Maine Health Plan Express Scripts, Inc. - Sue Wolf and Brian Hammons (Provided in March & August)</p> | <p>Formal report not due this month.</p> | |
| <p>IVc. UPDATES – ANNUAL</p> | | |
| <p>c.i. WellStarME Medical Care Development – Erica Brown (Provided in August)</p> | <p>Formal report not due this month.</p> | |
| <p>c.ii. Expert Medical Opinion</p> | <p>Formal report not due this month.</p> | |



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| Grand Rounds – Kerryanne Shuler (Provided in September) | | |
| IVd. EDUCATION | | |
| d.i. Compliance Sessions USI – Michael Rosenman | <p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>State of the Union</u>: Legislative gridlock. Health care was a top election issue. Medicare for all or Medicare expansion. Flavors of Medicare for all. Investigations/oversights. Some things that could happen is the reduction in prescription drug prices, improve health care transparency. These issues are likely to come to the Senate floor. • <u>Leave Laws</u>: Employees being entitled to State paid sick leave benefits. 3 bills in congress currently; most likley will not pass at this level but could see this addressed at State level. • <u>Safe Importation Action Plan</u>: Pathway to allow importation of drugs from Canada. • <u>Executive Order</u>: Allow some pre-deductible coverage of chronic conditions to be compatible with HAS eligibility. • <u>Current State of the ACA</u>: Coverage of preventative services, cover dependent to the age of 26, out of pocket maximums. • <u>Texas v. Azar</u>: Could end up in the Supreme Court. As it stands now ACA is in effect and is a requirement to be completed by the employer. | |
| d.i. Compliance Sessions Anthem – Kristine Ossenfort | <p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • Legislative session and bills that could affect the plan. • <u>Consumer Protection</u>: LD1 incorporate the ACA. No significate difference to the practice we use today. Little practical impact. • <u>LD1197</u>: Primary care provider prohibited to insurers of referrals by out of network. • <u>Mandated Benefits</u>: LD38 Hearing aids. Cannot have a minimum of \$3,000. For children. Can have the \$3,000 for adults per ear. Effective date 7/1/2020. | |



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- LD 555: Applies to policies issued or renewed on or after 1/1/2020. Lowers minimum age from 50 to 45. Colorectal Cancer Screenings. Expands the requirement.
- LD 1263: An Act to Regarding Telehealth. Required to cover services same as a face to face visit. Expands to cover telemonitoring and group therapy.
- LD 705: Changes time frame for a carrier's response to a prior authorization, from 2 business days to 72 hours or 2 business days, whichever is less.
- LD 1155: Post service review after an emergency medical condition. Member would have to be reviewed by an ER doctor.
- LD 659: PBM/Pharmacy would be required to administer generic drugs unless specified.
- LD 1162: Further Expand Drug Price Transparency.
- LD 1499: Establish the Maine Prescription Drug Affordability Board a 12-member advisory council, required to meet by March of 2020. Recommendations could affect plan design.
- LD 1504: Protect consumers from unfair practices.
- Carry over bills: LD 30, LD 519, LD 1085, LD 1138, LD 1387 & LD 1650

**d.ii. Pharmacogenomic Testing
Coriell Life Sciences – Scott Megill**

- Information contained in written report; highlights and discussion noted below:
- Coriell's Enterprise PGx program bring together genetic guidance with patient specific prescribing risk.
 - As we age we tend to need more medications, some medications cause members to need other prescriptions. Most Doctors prescribe as a trial bases, other daily factors interfere with the effect of some medication.
 - Genetics can improve this concept. If a drug proves to be safe 51% in clinical trials, the drug gets marketed, but may not be effective to most members prescribed. Genetic have changed over time. Annalise saliva to get specific DNA information.
 - Gap in getting specific genetic information and what to do with this information. Subject matter experts will act as a tool between Doctors and pharmacist.



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| | <ul style="list-style-type: none"> • <u>Kentucky Case Study</u>: Components consist of population analytics, member engagement, genetic testing and pharmacy MTM review. Senior population of ages 70-109. Used a mailer to out reach members. 85,000 took place in genetic testing, pharmacist walked them through what the results meant. Consultation with Doctor to follow. 34,000 retirees on average take 15 different medications. 64% resulted in medication change recommendations. | |
| V. Other Business | | |
| V.i. Plan Finances – Heather Perreault | <p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Fund Financial Overview</u>: Active employee’s plan year to year data. 2010-2019. Required to keep 2½ months of claims and operations money in reserve. Average of \$50M. • <u>Agenda update going forward</u>: Adding open discussion. Can change day/time of meeting in the future. Topic for the retreat in November. • Kurt Caswell asked if the Commission would like more information on genetic testing. Answered yes. | |
| V.ii. Meeting Structure Discussion – Jonathan French | | |
| V.iii. Open Discussion - All | | |
| VI. Adjourn Meeting (11:34 am) | | Lois Baxter made motion to adjourn the meeting; Laurie Doucette seconded; no abstentions. Motion passed. |

2019 meeting schedule available at www.maine.gov/bhr/oeh