



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, November 19<sup>th</sup>, 2020 @ 8:30am  
Microsoft Teams Meeting

Commission members in attendance: Diane Bailey, Lois Baxter, Cecile Champagne-Thompson, Jonathan French, Kelly John, Deidre Kinney, Peter Marcellino, Carrie Margrave, Lew Miller, Karen O'Connor, Robert Omiecinski, Heather Perreault, Shonna Poulin-Gutierrez, Michelle Probert, Jeremy Roberts, Kim Vigue, Frank Wiltuck, & Jon Woodard.  
(total = 15)

Commission members absent: Peter Baker, Derek Chase, Laurie Doucette, Mara McGowen & Joanne Rawlings-Sekunda

Vacant seat(s): 2

Others present: Erica Brown, Kurt Caswell, Joel Hill, Paige Lamarre, & Roberta Leonard – Employee Health & Benefits; Breena Bissell – Bureau of Human Resources/DAFS; Kevin Fenton – Aetna; Marie Bridges – Delta Dental; Jonathan Edwards, Lisa Lagios, Kristine Ossenfort, Stefanie Pike & Jean Wood - Anthem Blue Cross and Blue Shield; Bryan Hammons & Sue Wolf – Express Scripts; Amy Deschaines, Abby Brinkman, Ken Ralff, Ed Pierce, Mark Holloway, Ryan Czado & Oscar Tsao – Lockton; Laura Roberts – Sun Life; Cindy Walsh – Humana; Libby Arbour & Kelsey Robinson - MCD Public Health; Peter Hayes, Lisa Nolen & Trevor Putnoky – Healthcare Purchasers Alliance; Kerryanne Shuler – Grand Rounds; Kyle Thompson – Carrum Health; Mark Saunders – Maine General;

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:31 am)</b>	Jonathan French called the meeting to order.	
<b>II. Introductions</b>		
<b>III. Review &amp; Approval of Minutes (October 15<sup>th</sup>, 2020)</b>		Lois Baxter made motion to accept the amended minutes; Robert Omiecinski seconded the motion; Motion passed.  Karen O'Connor announces that she will be retiring in December and her replacement is James Russell and he will be attending the January meeting.
	<b>IV. Recurring Monthly Business</b>	
<b>a. Open Discussion/Questions on Vendor Reports – All</b>		Michelle Probert asks if it's typical in the market for only about 10% of cases to result



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<p><b>b. Employee Health &amp; Benefits Highlights - Employee Health &amp; Benefits - Shonna Poulin-Gutierrez</b></p>	<p>Information contained in written reports; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Dependent Audit:</u> HMS the vendor conducting the audit on the State of Maine Health Plan has created a project workbook for the audit implementation. Member letters announcing the dependent audit will reach 5,846 subscribers by the end of November.</li> <li>• <u>2020 HPC:</u> Employee Health received the final monthly eligibility data feed from WellStar ME as scheduled in mid-October. A full review has been conducted, for a final list of eligible participants. Employees that did not meet the criteria by 9/30/20 had the credit removed.</li> <li>• <u>Anthem Claims:</u> An increase of high cost claimants has occurred from September to October.</li> <li>• <u>WGS Migration:</u> The new Anthem platform will require the issuing of new ID cards for members. A member communication will go out in December to announce new insurance cards (Anthem &amp; ESI) to be used in 2021.</li> <li>• <u>LiveHealthOnline Registrations:</u> 2020: 1,588 &amp; 2019: 982</li> <li>• <u>Pharmacy RFP Review:</u> Working with Lockton on next steps. Target date of mid-December to finalize bid selection</li> <li>• <u>IRS COVID-19 Relief (Notices 2020-29, 2020-33):</u> Allows employees to change health coverage thru 2020. EH&amp;W processed 107 applications during the Oct. 1- 15 open enrollment.</li> <li>• Kim Vigue asks when will the new Anthem ID cards be effective for members? Lisa Lagios answers that ID cards will be effective as of 01/01/2021.</li> </ul>	<p>in consultations. Kyle Thompson says he will have to follow up.</p> <p>Michelle Probert asks is there further flexibility regarding Dependent Care or Medical Care Flex Spending Accounts due to COVID-19? Shonna Poulin-Gutierrez responds that she does not have an update currently, but EH&amp;W and Lockton are carefully following it. Heather Perrault adds that the State of Maine as an employer has no control over this matter and that it's regulated at a Federal level.</p>
<p><b>c. Financial Update – Frank Wiltuck</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Balance Sheet:</u> State FY 2021 through 11/11/2020 Equity is \$126M</li> <li>• <u>Reserve Calculation:</u> Required Reserve Balance for FY 2019 is \$48M</li> <li>• <u>Operating Statement:</u> State FY 2021 through 11/11/2020 Revenues over Expenses is \$22M</li> </ul>	
<p><b>V. QUARTERLY PLAN UPDATES</b></p>		



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<p><b>a. Plan Experience Summary - Active Medical &amp; Dental Lockton (Amy Deschaines)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Health Insurance Admin Payment:</u> Updated format to consolidate columns. Total by Month: \$3M</li> <li>• <u>Experience Detail:</u> They note when the Stop Loss claims are reimbursement back to the State of Maine. Some reimbursements shown are capturing some of the claims for 2019. Month of September claims jumped to \$16M.</li> <li>• <u>High Cost Claimants:</u> Currently 9 claimants over \$200K+</li> </ul>	
<p><b>b. State of Maine Health Plan - Medical update -Anthem (Lisa Lagios)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Financials and Demographics:</u> <ul style="list-style-type: none"> <li>○ The membership increased 0.8%</li> <li>○ Females 52% / Males 48%</li> <li>○ Average Member age 39 / Employee age 50</li> <li>○ Employee consumes 65.9% of total plan costs</li> </ul> </li> <li>• <u>Total Claim Spend:</u> <ul style="list-style-type: none"> <li>○ Monthly (September 2020): \$16M</li> <li>○ Quarterly (Q3 2020): \$39.9M</li> <li>○ Rolling 12 Months: \$153M</li> </ul> </li> <li>• <u>Settings of Care Insights:</u> <ul style="list-style-type: none"> <li>○ Inpatient cost per admit increased 12.3% from prior period, while admissions per 1,000 decreased 18.8%</li> <li>○ ALOS increased 5.9%. Increase in complexity of admissions</li> <li>○ Outpatient cost per visit increased 13.7%</li> </ul> </li> <li>• <u>Clinical Insights:</u> <ul style="list-style-type: none"> <li>○ Obesity Prevalence: 26.1</li> <li>○ Diabetes Prevalence: 63</li> <li>○ Risk Score: 1.93</li> <li>○ CAD Prevalence: 17.4</li> </ul> </li> <li>• <u>Emergency Department:</u> 4,991 total ED visits, 6.2% of total medical spend</li> <li>• <u>High Cost Claimants Detail:</u> 573 claimants accounted for \$71,060,368 (46.3% of total medical)</li> <li>• <u>Preventive Screenings:</u> Screening compliance rates improved from the prior period for 25.0% of the Preventive Care Screenings</li> </ul>	



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	<ul style="list-style-type: none"> <li>• <u>Paid Claims Distribution</u>: There are 3,261 total unique members who have not filed a claim during the time period represented on this report</li> <li>• <u>COVID-19 Results as of November 9<sup>th</sup>, 2020</u>: Unique Claimants were 3,877. COVID-19 Positive Cases were 151, Inpatient Admissions was 8, and COVID-19 PMPM was \$3.47</li> </ul>	
<p><b>c. State of Maine Health Plan – Pharmacy update – Express Scripts (Sue Wolf)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>How Your Plan Compares</u>: Flu Shots -3K vs 1.5K year over year, Generic Fill Rate excluding vaccines increased to 86%, and Rebates increased 5.6%</li> <li>• <u>Plan Performance</u>: Plan Cost PMPM increased \$16.39 (+10.2%) to \$176.88, Member Cost decreased 0.1%, contributing \$0.4K less to the plan, and Rebates reduced Plan Cost PMPM from \$176.88 to \$137.32</li> <li>• <u>Top Line Performance Metrics</u>: Plan Cost Net PMPM increased \$14.61 to \$137.32, a trend of 11.9%, Specialty Plan Cost Net PMPM increased \$8.00 to \$74.11, a trend of 12.1%, and 90 day utilization increased 2.3 points to 77.0%</li> <li>• <u>Top Line Performance Metrics by LOB</u>: Actives had the lowest Plan Cost Net PMPM at \$126.23, trending at 15.8%, Retirees had the highest Plan Cost Net PMPM at \$266.11, trending at 0.7% and Actives had the largest percent of their cost in the specialty bucket (54.6%)</li> <li>• <u>Key Statistics</u>: Specialty Detailed: The average price for a specialty RX is \$8,937.89 and for a non-specialty RX is \$79.30</li> <li>• Specialty Plan Cost Net PMPM: Specialty accounted for 12.1% of the overall trend increase</li> <li>• <u>Top 10 Indications</u>: Cystic Fibrosis trend increased 185.8%, contributing an additional \$5.27 to Net PMPM driven by utilization of the drug Trikafta</li> <li>• <u>Top 25 Drugs</u>: Represent 45.7% of your total Plan Cost Net and comprise 8 indications and 18 of your top 25 are specialty drugs, making up 81.7% of your Top 25 spend</li> <li>• Jonathon French asks that it looks like there’s currently no generic fill rate as there has been in the past and everyone has switched to Trikafta? Bryan Hammons answers yes that’s correct.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• <u>Top 10 Specialty Indications:</u> The largest financially impactful change in Specialty was in Inflammatory Conditions, driving \$0.4M in reduced net cost from a 14.7% decrease in Net PMPM</li> <li>• <u>Upcoming Patent Expirations:</u> Based on your current utilization, \$2,706,411 in brand drugs are losing patent protection by 202</li> </ul>	
<p><b>d. Medicare Advantage Plan – Aetna (Kevin Fenton)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Demographics:</u> <ul style="list-style-type: none"> <li>○ Current covered lives: 8904</li> <li>○ Average age: 74.9</li> </ul> </li> <li>• <u>Cost Overview:</u> High Cost Claimant (HCC) threshold: \$75,000</li> <li>• <u>Top 10 medical catastrophic claimants:</u> Cardiac Disorders, Oncologic Disorders, Injury/Poisoning, &amp; Rheumatologic Disorders</li> <li>• <u>Top 10 diseases by paid amount:</u> Hypertension, Hyperlipidemia, Nonspecific Gastritis/Dyspepsia, Ischemic Heart Disease, Diabetes Mellitus, Atrial Fibrillation, Chronic Thyroid Disorders, Heart Failure, Depression and Low Back Pain</li> <li>• <u>2020 State of Maine 3<sup>rd</sup> quarter report for care management:</u> <ul style="list-style-type: none"> <li>○ Identified Cases: 1,176</li> <li>○ Identification Rate: 13.17%</li> <li>○ Cases with Outreach Completed: 1,009</li> <li>○ Unable to Reach: 471</li> </ul> </li> <li>• <u>2020 State of Maine 3<sup>rd</sup> quarter report for disease management:</u> <ul style="list-style-type: none"> <li>○ Identified Number of Members: 4,617</li> <li>○ Educated Number of Members: 4,536</li> </ul> </li> <li>• <u>2020 State of Maine Stars outcomes:</u> Collaborative Care management, Performance-based reimbursement and Analytics &amp; data sharing</li> </ul>	
<p><b>e. State of Maine Dental Plan – Northeast Delta Dental (Marie Bridges)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Utilization Study (11/01/19 – 10/31/20):</u> <ul style="list-style-type: none"> <li>○ Total Claims Paid: \$5M</li> <li>○ Average Enrollment: 13,410</li> <li>○ Total Number of Claims: 45,028</li> </ul> </li> </ul>	



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- Claims Comparison Report (11/01/17 – 10/31/20):
  - 11/01/17 – 10/31/2018: \$7M
  - 11/01/18 – 10/31/2019: \$7M
  - 11/01/19 – 10/31/2020: \$5M
- Network Utilization & Savings Report: Total Claims Paid for State of Maine PPO is \$16K
- Annual Maximum Summary:
  - Plan Maximum: \$1,200
  - Total Covered Lives: 22,841
  - Members Reaching Maximum: 26
- Oral Wellness and Utilization Summary: 12,355 have participated in Oral Evaluations
- HOW Clinical Risk Assessments: 6,920 total risk assessments completed
- Jonathon French asks, how often to the HOW program risk assessments take place? Marie Bridges answers that Delta encourages dental offices to do those assessments annually.

**VI. SEMI ANNUAL UPDATE**

**a. MCD Wellness Program  
(Kelsey Robinson)**

- Information contained in written report; highlights and discussion noted below:
- Flu Clinic Totals for 2019: 67 On-Site Flu Clinics were held and had 2,529 participants
  - Health Screening Totals 2019:
    - On-Site Health Screenings: 95
    - Participants Reached: 2,544
    - Locations: 54
  - Percentage of Employees with 2 or More Risk Factors:
    - All: 63%
    - Primary: 50%
    - Spouse/Domestic Partner: 13%
  - Self-Reported Prediabetes Risk Quiz: High Risk was 42% and Low Risk was 58%
  - Wellness Ambassador Network: Quarterly zoom meetings, use of an online collaboration hub for ongoing communication
  - Current Pilots & Programs: Blood Pressure, National Diabetes Prevention Program, Desk Exercises and Back Safety Videos,



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	<p>Headspace Pilot, Naturally Slim, Informative Webinars, Bathroom Signage (newly revised), Employee Resource Toolkit(s), and NEW Health Navigation Model</p>	
<p><b>b. I) Compliance Review State - Anthem (Kristine Ossenfort)</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>2020 Election:</u> <ul style="list-style-type: none"> <li>○ All seats in the Legislature were up for election in 2020; Democrats have retained control of the Legislature for the next session (2021 and 2022).</li> <li>○ Pending recounts, expected composition of Legislature: Senate 22 (D) – 13 (R); House 80 (D) – 67 (R) – 4 (U).</li> <li>○ Democrats will continue to have significant majorities in both bodies; Republicans lost one seat in the Senate but picked up seats in the House.</li> </ul> </li> <li>• <u>Health Coverage, Insurance and Financial Services Committee:</u> Chairs Sen. Heather Sanborn (D-Cumberland) and Rep. Denise Tepler (DTopsham) likely to return &amp; 5 members of the Committee did not return to the Legislature</li> <li>• <u>Bills Tabled at Adjournment:</u> <ul style="list-style-type: none"> <li>○ L.D. 30, “An Act To Improve Health Care Data Analysis” (Rep. Perry, D-Calais)</li> <li>○ L.D. 519, “An Act To Expand Adult Dental Health Insurance Coverage” (Rep. Brooks, D-Lewiston)</li> <li>○ L.D. 1434, “An Act To Allow Certified Registered Nurse Anesthetists To Bill for Their Services” (Rep. Perry, D-Calais)</li> <li>○ L.D. 1611, “An Act To Support Universal Health Care” (Rep. Brooks, DLewiston)</li> <li>○ L.D. 1995, “An Act To Enact the Maine Insurance Data Security Act” (Sen. Foley, R-York, Bureau of Insurance bill)</li> <li>○ L.D. 2106, “An Act Regarding Prior Authorizations for Prescription Drugs” (Sen. Gratwick, D-Penobscot)</li> <li>○ L.D. 2110, “An Act To Lower Health Care Costs” (Senate President Jackson, D-Aroostook)</li> </ul> </li> <li>• <u>L.D. 2105, Surprise Emergency Medical Bills:</u> Emergency legislation, effective March 18, 2020</li> <li>• <u>Potential Legislative Issues:</u></li> </ul>	



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- o Budget
- o Single payer/Public option/Buy-in proposals
- o COVID-19 related legislation
- o Telehealth
- o Prior authorization/utilization management/Formulary management
- o Enact a Health Insurance Tax on the state level
- o Surprise billing and ambulance reimbursement
- o Transparency

**II) Compliance Review Federal – Lockton (Mark Holloway)**

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

- COVID-18 (Regulatory):
  - o IRS softened the cafeteria election change rules for 2020.
  - o DOL and IRS have instructed plan sponsors to suspend many plan deadlines due to COVID-19.
- COVID-19 (Other):
  - o Mandated COVID-19 testing for health plans with no cost sharing.
  - o OTC drugs, menstrual care products allowed for FSAs, HRAs, HSAs.
  - o Once a vaccine is available, it will be considered ACA preventive care.
- Transparency Regulations:
  - o Rules require group health plans and insurers to make certain disclosures to participants, beneficiaries, enrollees, and, in some cases, the public
  - o Plans must make extensive price transparency disclosures to the public in machine-readable files updated monthly. The disclosures must show negotiated rates for covered items and services between the plan or insurer and in-network providers, as well as historical payments to, and billed charges from, out-of-network providers.
  - o Price estimates for plan services required by Jul. 1, 2024
- ACA Considerations for 2021:
  - o ACA lawsuit from red states’ attorneys general (18) and governors (2)





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- o Repeal of Cadillac tax.
- o PCORI revived for self-funded plans
- o Affordability Percentage for 2021: 9.83%.

**VII. OTHER BUSINESS**

**a. No Other Business**

**VIII. EDUCATION**

**a. RAND 3.0 Study Overview – Hospital Price Transparency Project (Christopher Whaley)**

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

- Acknowledgments: Funding provided by the Robert Wood Johnson Foundation and participating employers
- Employer-sponsored plans cover half of Americans: \$1.2 trillion health care costs in 2018 and \$480 billion hospital costs in 2018
- What Do We Not Know Yet?
  - o How do prices compare across the country?
  - o Are hospital prices continuing to rise?
  - o Which hospitals/systems are getting the highest prices?
- Hospital prices in the time of COVID-19: COVID-19 is placing enormous financial pressure on both hospitals and employers
- Why did RAND undertake this study?: Employers can use the information in this report—together with knowledge of their own employee populations—to decide if the prices they and their employees are paying align with value
- Comparison to Medicare: Benchmarking to Medicare allows employers to compare prices between hospitals, relative to the largest purchaser in the world
- How can employers use price transparency?: Finally have information about prices, benchmark prices, and change hospital networks
- Role for State and Federal Policymakers: Market structure limits ability for employer innovation, Employers can also push for regulatory reforms
- Ed Pierce asks do you spike out professional fees for physicians employed by a health system different than individual physicians not employed by a health system? Christopher Whaley responds, the growing trend in health care is Hospitals purchasing physician groups as a whole

**IX. FUTURE UPDATES – SEMI-ANNUAL**



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<b>a. Living Resources Program – ComPsych – Tricia Mahoney (Provided in January &amp; July)</b>	Formal report not due this month.	
<b>b. WellStarME Medical Care Development – Kelsey Robinson (Provided in March and November)</b>		
<b>c. Carrum Health Program – Kyle Thompson (April &amp; October)</b>	Formal report not due this month.	
<b>d. Anthem/Lockton Compliance Review (May &amp; November)</b>	Formal report not due this month.	
<b>e. Expert Medical Opinion Grand Rounds (June &amp; December)</b>	Formal report not due this month.	
<b>IX. REQUEST MOTION TO ADJOURN</b>		
<b>X. Adjourn Meeting (12:31 am)</b>		Karen O’Conner motions to adjourn; Lois Baxter seconds the motion; Meeting adjourned

2020 meeting schedule available at [www.maine.gov/bhr/oeH](http://www.maine.gov/bhr/oeH)