



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, February 20, 2020 @ 8:30am
Central Maine Commerce Center, Augusta

Commission members in attendance: Diane Bailey, Kurt Caswell, Cecile Champagne-Thompson, Laurie Doucette, Darcey Emery, Jonathan French, Deidre Kinney (via phone) , Peter Marcellino, Mara McGowen, Robert Omiecinski, Heather Perreault, Michelle Probert, Joanne Rawlings-Sekunda, Will Towers, Kim Vigue, Jon Woodard, Frank Wiltuck.
(total = 17)

Commission members absent: Lois Baxter, Derek Chase, Terry James, Kelly John, Carrie Margrave, Lew Miller, Karen O'Connor.

Vacant seat(s): None

Others present:– Roberta Leonard, Shonna Poulin-Gutierrez, Joel Hill – Employee Health & Benefits; Breena Bissell – Bureau Human Resources/DAFS; Sabrina DeGuzman-Simmons, Mike Coughlan, Jenn Heinz, Louise McCleery, George Doyle, Kevin Fenton – Aetna; Lianna Della Torre, Burr Duryee – USI; Lisa Lagios, Jean Wood, Stephanie Pike - Anthem Blue Cross and Blue Shield; Tina Marie Cappabianca – The TGN Agency; Mike Sisk – Cross Benefit Solutions; Mark Saunders – Maine General; Steve Conley – Harvard Pilgrim; Sue Wolf – Express Scripts; Brandon Cohen – Head Light Benefit Group; Laura Roberts – Sun Life; Phonse Allen Laney, Kelsey Roberts - MCD Public Health; Marie Bridges – Northeast Delta Dental; Cindy Walsh – Humana; Kerryanne Shuler (via phone) – Grand Rounds.

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:33 am)	Jonathan French called the meeting to order.	
II. Introductions		
III. Review & Approval of Minutes (December 12, 2019)		Michelle Probert made motion to accept the minutes; Robert Omiecinski seconded; Motion passed.
IVa. UPDATES-QUARTERLY		
a.i. Plan Experience Summary (active health & dental) USI - Burr Duryee	Information contained in written report; highlights and discussion noted below: <ul style="list-style-type: none"> • <u>State of Maine Fees (7/19-6/20)</u>: Summary of fees totaling over \$30M. • <u>Medical Budget to actual (policy period)</u>: 91.9% total including rebates & guarantees. Over \$13M in medical claims. Over \$3M in pharmacy claims. Over \$17M in total claims. Overall plan running well to budget. 	



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	<ul style="list-style-type: none"> • <u>Medical Recap of FY19</u>: Still being provided for reference. • <u>Dental Recap of FY19</u>: Still being provided for reference. 	
<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 (1/19-12/19)</u>: Rolling medical claims over \$166M, down \$1.8M prior month, total PMPM \$521K. Retiree population \$32M out of the \$166M. Total paid claims for current month over \$13M. Increase in membership. • <u>Administrative Fees and Claims (7/19-12/19)</u>: Display of weekly and monthly invoices broken into categories. \$410K in administrative fees for the month of December. • <u>High Cost Claimants (over \$50k)</u>: Paid over \$75M to 667 members, 162 are retiree members that account for over \$19M. 7 new retirees added. 18 children under the age of 1 at over \$1.8M. This number reflects newborn claims, not multiple births. • <u>Paid Claims Distribution</u>: 3,030 members have not filed a medical claim in the past 12 months. 49.7% of members have claims less than \$1K. Less than 1% of members have claims over \$100K. Very consistent with benchmark. • <u>Top Ten Facilities</u>: Consistent based on population. • <u>Emergency Room (rolling 12 months)</u>: Over \$10M in E/R charges or 6.2% of total medical paid amount. 50% of total visits are potentially avoidable, costing over \$3.4M. Members could utilize 24/7 NurseLine, walk in centers or LiveHealth online. 275 new members have registered on LiveHealth On-line in 1/20. 182 members called the nurse line. • <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 at 1316 and the largest amount in paid claims over \$2M. • <u>Targeted Health Conditions</u>: Consistent month to month. • <u>Chemotherapy Summary (rolling 12 months)</u>: Breakdown of type of cancers. Top two aftercare and breast cancer. • <u>Engagement Summary</u>: Total members 26,537, with 418 members engaged. Engaged members work with nurse case managers. • <u>Chronic and Complex Conditions</u>: Claims attributed to specific chronic and complex conditions make up for over 24% of total dollars spent. 	



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	<p>Osteoarthritis except low back represents the primary lifestyle related condition by paid amount and is 4.1% of total paid claims amount. Anxiety, stress and depression are increasing, may be due to season.</p> <ul style="list-style-type: none"> • <u>Preventive Screenings</u>: Above benchmark for most screenings. 	
<p>a.iii. State of Maine Health Plan (pharmacy update) Express Scripts – Sue Wolf</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Trend Dashboard (7/19-12/19)</u>: Comparison of the State of Maine to ESI Government peer. Total plan cost net PMPM, non-specialty plan cost net PMPM and specialty plan cost net PMPM the State is slightly higher. Top 3 conditions Inflammatory, cancer & diabetes. New cancer treatments can be used at home, increasing pharmacy cost and moving away from medical cost. Generic fill rate is consistent. Pharmacist cannot change medications to generic brands if Doctors orders have dispense as written (DAW) on the prescription. If a member chose not to have generic, they will be responsible to pay the difference in cost. Joanne Rawlings-Sekunda asked if inflammatory conditions require specialty medications. Sue Wolf replied yes. • <u>Trend Components Plan Cost Net PMPM</u>: Specialty vs non specialty and manufacture cost. Totaling trending at 10.4%. • <u>Update on Prior Authorization (7/19-12/19)</u>: Not needing a prior authorization was grandfathered for one year. ESI will send a notice 60 days in advance to the member with ESI’s contact information. Review will consist of pharmacy consultation asking questions to see if drug is correct for member. Found that 20% of medications are no longer being use or are incorrect for members. Joanne Rawlings-Sekunda asked how often prior authorizations are needed. Sue Wolf replied depends on drug, but most are good for a year. Some are indefinite. Mara McGowen aske the average turn-around time to have a prior auth completed. Sue Wolf said there are multiple ways to conduct this, via phone, fax or electronically (fastest) less than 24 hour turn around time. Mara McGowen shared a personal story regarding a prior auth experience that took longer than 24 hours. Sue Wolf stated a staff member may be calling in for the Doctor and not be able to answer questions asked. If a prior auth is pending in ESI system, it will be denied automatically after a few days. Members 	



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	may request an escalation and have the right to appeal. Appeals will be resolved within 24 hours.	
a.iv. Medicare Advantage Plan Aetna – Sabrina DeGuzman-Simmons	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>New Team Members Introduce</u>: Kevin Fenton, Mike Coughlan, Jenn Heinz. • <u>Medical Claims</u>: Trending consistent. • <u>Performance Highlights (11/18-10/19)</u>: Trending above BOB. • <u>Demographics</u>: Average age of 75. • <u>Cost Overview</u>: Total medical paid over \$81M. • <u>High Cost Claimants Over \$100k</u>: Consistent. • <u>Diagnosis Category (all members)</u>: Cardiac and Musculoskeletal are the top two. Members are counted per diagnosis. • <u>Top Facilities</u>: Consistent. All facilities listed are in network and in Maine. • <u>Network Usage</u>: Total medical paid in network is up 4.7% from the prior period. • <u>Utilization - Annualized</u>: 52% ER admissions. Professional services urgent care has increased at 26.5%. Mental health increasing 11.3%. • <u>Specialist and Primary Physician</u>: Utilized well by members. • <u>Emergency Room</u>: Number of ER cases 4,432. Conditions require an ER setting. • <u>Medical Pharmacy</u>: Current medical pharmacy paid over \$10M. Top categories of specialty drugs are chemotherapy, eye disorders, auto-immune, gout and immunoglobulin. • <u>Care Management</u>: Reported on a quarterly. Identification rate slightly below BOB. • <u>Member Outcomes (12/18-12/19)</u>: State of Maine Stars performance results. Slightly going up, measured monthly. Trending well. • <u>Fitness Overview</u>: SilverSneakers – utilized by retirees of the State of Maine. Membership has increased. 	
IV.b. UPDATES – SEMI-ANNUAL		
b.i. Dental Plan Northeast Delta Dental – Marie Bridges	<p>Information contained in written report; highlights and discussion noted below:</p> <ul style="list-style-type: none"> • <u>Utilization Summary (1/19-12-19)</u>: Total claims paid over \$7M. Average members enrolled 13,204, increased 3%. Average cost PEPM 	Marie Bridges will provide criteria of the HOW program to Kurt Caswell. February 2020



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<p>(Provided in February & September)</p>	<p>\$47.30. 50% of claims paid are for preventative treatments. 38% lower fees for in network providers.</p> <ul style="list-style-type: none"> • <u>Claims Comparison Report (2017/2018/2019)</u>: Year over year Comparison for the last 3 years on total claims, percentage of claims and average claims PEPM, up slightly from last year. • <u>Claims Utilization (1/19-12-19)</u>: Total claims for subscriber, spouse and dependents over \$7M, procedures paid over \$105K. 100% of claims have been paid. • <u>Network Utilization & Savings Report (1/19-12-19)</u>: Of total claims paid 39.8% were State of Maine PPO, 53.1% delta dental premier and 7.1% out of network. • <u>Dental (policy period)</u>: Stabilization fund paid down over \$417K. • <u>Oral Wellness Utilization Summary (1/19-12-19)</u>: 22,741 members has a claim during this time. 27% of population did not have any dental care. Kurt Caswell stated his concern of the 27% of subscribers not receiving preventative care and the other health risk that may come from employees not utilizing. HOW program is an enhanced benefit for members that may be "at risk" for periodontal disease. Out of 6,188 members 5,474 risk assessments qualified for the HOW program. 714 members did not qualify. Everyone is eligible, even if the dentist does not participate. Some dentist may not be logging results. NEDD is working on an incentive program for dentist to log results. • <u>Members Oral Health by Age Group</u>: Chart of the risks by age group. Ages 36-64 rate the highest at 52% for not having any care. • <u>Member Oral Health Trend</u>: Slightly better last year for members not receiving care. • <u>No Care</u>: Ages 20-35 great of concern, child bearing years for women. • <u>HOW Clinical Risk Assessment</u>: Oral risk assessment tool by age group. Members are using this benefit. Gum disease is decreasing. 	<p>Breana Bissell asked if there is data to back the benefits of the members utilizing the HOW program. Maire Bridges stated there is not a system in place for dentist to report back but will try to obtain this data. February 2020</p>
<p>IV.c. RECURRING MONTHLY BUSINESS</p>		
<p>c.i. Executive Summary Highlights <i>Employee Health & Benefits - Kurt Caswell</i></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"> • <u>Carrum Health Center of Excellence Program</u>: Now includes Northern Light's in Bangor and Portland. 	<p>Will Towers made motion to extend the Grand Rounds contract but renegotiate to as a per usage contract. Diane Bailey seconded; 1 abstention. 1 extension. Motion passed.</p>



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- Primary Care Physician Tiering: Data received from Anthem on quality scoring. Meeting with Archway soon.
- Dental Plan Deficit: Reduced from high of \$877k.
- Affordable Care Act: Repealed on 12/20/19
- Workday HRMS go-live date: March 23rd EH&B practices being reconfigured.
- Grand Rounds Contract: \$267k per year, low utilization. Contract expires 3/31/20. 2 one-year renewal options available. Mara McGowen shared a personal story regarding Grand Rounds. Michelle Probert stated even if great service, members do not use. Marketing may not increase utilization. Burr Duryee stated the contract could be renegotiate as a per usage contract. Breena Bissell stated that BHR has been doing some marketing to promote the program.
- RFP Pharmacy: High value contract, RFP process will not be finalized before 7/1/20.
- Other RFP: Claims & eligibility audit, EH&B received 4 submissions and should have the results soon. Start process soon. Heather Perreault asked about the previous results of this audit. Kurt Caswell responded they saved over \$1M. The audit was conducted 7 years ago. Consultant RFP published February 12, 13 & 14. Current vendor USI, expires 5/31/20.

Will Towers made motion to extend the Express Scripts contract for 6 months. Michelle Probert seconded; no abstentions. Motion passed.

IV.d. Other Business

d.i. New Meeting Format Reconfiguration – Co-Chair(s)

d.ii. Completion of Vision/Mission Statement – Co-Chair(s)

d.iii. Review of Committees: Type, Membership, Leadership – Co-Chair(s)

d.iv. Committee Topical Request for Subsequent Meeting(s) - All

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

- New Meeting Format: Monthly reports from vendors will still be submitted to EH&B, vendors will now present quarterly. USI will still be required to attend project and provide updates as needed. Heather Perreault would like to have more active committees by having the Chair provide a report monthly to the Commission and increase the Plan design schedule to meet all throughout the year, rather than during one time period. Diane Bailey thought this is a very good idea, steering sub committees' presentations to pertain to discussions.
- Vision/Mission Statement: Discussed and created new statements.
- Review Committees: Roberta Leonard to set up meeting for all committees including Finance and By-laws before the next Health

Vision Statement- Leading the State of Maine in health and wellness. The Commission voted on, all in favor.

Mission Statement – The State Employee Health Commission is to have labor and management partner to ensure the highest value health and wellness services are accessible to its members. The Commission is committed to collaborating with plan members, providers and others to improve health and wellness. The Commission voted on, all in favor.



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	Commission meeting for equal number of labor/management and structure discussion.	Frank Wiltuck asked if a calendar of events that are going to happen be prepared before monthly meetings, outlining decision points. Making discussion more proactive during meetings. Kurt Caswell will provide
V. EDUCATION		
	No education due this month.	
VI. UPDATES - SEMI-ANNUAL		
i. Living Resources Program – CompPsych – Tricia Mahoney (Provided in June & October)	Formal report not due this month.	
ii. Northeast Delta Dental – Maire Bridges (February & August)		
iii. WellStarME Medical Care Development – Erica Brown (Provided in August)	Formal report not due this month.	
iv. Carrum Health Program (April & October)	Formal report not due this month.	
v. USI Compliance Presentation (May & November)	Formal report not due this month.	
vi. Expert Medical Opinion Grand Rounds (June & December)	Formal report not due this month.	
VII. REQUEST MOTION TO ADJOURN		
VII. Adjourn Meeting (11:39 am)		Robert Omiecinski made motion to adjourn the meeting; Peter Marcellino seconded; no abstentions. Motion passed.

2020 meeting schedule available at www.maine.gov/bhr/oeH