



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, May 16th, 2024 @ 8:30am
Microsoft Teams Meeting**

Burton M. Cross Building
111 Sewall Street
Room 103, A and B
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Diane Bailey, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Jonathan French, Kelly John, Rebekah Koroski, Lew Miller, Danielle Murphy, Doris Parenteau, Heather Perreault, Shonna Poulin-Gutierrez, Heidi Pugliese, Chris Russell, Kim Vigue, Frank Wiltuck, and Nathaniel Zmek.
(Total = 19)

Commission Members Absent: Lois Baxter, Claire Bell, and JoAnne Rawlings–Sekunda.
Vacant Seat(s): 2

Others Present: Rebecca Adams, Joan Hanscom, Paige Lamarre, Devon French, Charles Luce, Nathan Morse, Roberta DuPont, and Emma-Lee St.Germain – Employee Health Wellness, and Workers’ Compensation; Breena Bissell – Bureau of Human Resources; Sabrina DeGuzman-Simmons and Kevin Fenton – Aetna; Kathryn Caiazzo, Jennifer Webber, Kristine Ossenfort, and Becky Crague – Anthem Blue Cross and Blue Shield; Libby Arbour and Kristen Poulin– MCD Global Health; Lynn Hadley, Judy Paslaski and Aja Tufts-Godbout – MedImpact; Marie Bridges – Northeast Delta Dental; Amy Deschaines, and Jacqueline Scherer – Lockton; Trevor Putnoky – Health Purchasers Alliance; Kathryn Laughlin – Carrum Health Program; Laura Roberts – Sunlife; Jake Friesen – Hinge Health; Cindy Walsh – Humna; Patricia Poulin and William Savage – Members of the Public.

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:34 am)	Jonathan French called the meeting to order. Lew Miller acts as Labor Co-Chair in Jonathan French’s intermittent absence.	
II. Introductions		
III. Review and Approval of Minutes (April 18th, 2024)	<ul style="list-style-type: none"> Labor Member, Danielle Murphy, made edit suggestions for the April meeting minutes. 	Labor Member, Danielle Murphy, made a motion to table the April 18 th , 2024, minutes until the June meeting. Labor Member, Laurie



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		Doucette, seconded the motion. Motion passed.
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IV. Recurring Monthly Business

a. Open Discussions/Questions on Vendor Reports – All	Information contained in written report; highlights and discussion noted below:	Labor Co-Chair, Jonathan French, states that the procedure for meeting minutes will be added to our June meeting agenda.
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b. Employee Health and Wellness Highlights – Shonna Poulin-Gutierrez	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Wellness Highlights –</p> <ul style="list-style-type: none"> • <u>2024 Health Premium Credit Program (HPCP)</u>: The 2024 Health Premium Credit Program concluded on April 30th, 2024. There were 3,288 self-entered flu shots, 1,162 participants entering “My Numbers,” 2,468 participants entering in their Annual Physical Exam, and 1,190 participants entering in a Well-Being visit. Members can enter in more than one “My Health” option and there are 7,528 active health plan members that completed the 2024 Health Premium Credit Program requirements. The 2024 Health Premium Credit Program Appeal form can be found on our Health Premium Credit Program webpage and the deadline to submit appeals is August 9th, 2024. <p>Annual Open Enrollment –</p> <ul style="list-style-type: none"> • <u>Annual Open Enrollment 2024</u>: Annual Open Enrollment is being held from Thursday, May 9th, through Thursday, May 23rd. The Digital Application Portal is live for Open Enrollment. Work continues on going live with the Digital Application Portal for new hires, qualifying life events, and name/address change. <p>Communications Highlights –</p> <ul style="list-style-type: none"> • <u>2024 Health Premium Credit Program</u>: April communications to promote the Health Premium Credit Program deadline included 1 Statewide E-mail, 2 Constant Contacts, 1 Postcard Home Mailer, and 1 Social Media Post. 	
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- Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups - Early April 2024 Health Premium Credit Program Reminder (42% Open Rate, 3% Click Rate), Hinge Health Promotion (43% Open Rate, 2% Click Rate), Aetna Health Rewards (67% Open Rate, 9% Click Rate), and Final 2024 Health Premium Credit Program Reminder (44% Open Rate, 3% Click Rate).

Other News –

- State and Local Government Benefits Association (SALGBA): Our office had the opportunity to be represented at the 2024 State and Local Government Benefits Association conference and presented how the State of Maine is becoming an “Employer of Choice” through its benefits and wellness programming. There was excellent learning and engagement with other States and Health Plan Administrations as well as staff.
- Employee Health and Wellness Staff: We have recently hired two Benefits Specialists, Rebecca Anders, and Mandy Harmon. Rebecca Adams has recently been promoted to Contracts Coordinator. There is an Assistant position that we are also hoping to fill soon. Joan Hanscom will be leaving at the end of the month.

Contracts –

- Contract Updates: The transition with Capital Rx is on track for implementation as of July 1st, 2024. State of Maine Vision plan will be transitioning back to Anthem Blue View Vision as of July 1st, 2024. We have renewed our contract with SunLife for Stop-Loss insurance, and we continue to work on the Anthem medical contract for July 1st, 2024. Smart Light will kick off soon and we are working through those contract documents. Employee Health, Wellness, and Workers’ Compensation has been working with Aetna and the Maine Association of Retirees on a smooth transition for vision benefits.

V. QUARTERLY PLAN UPDATES



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**a. State of Maine Dental Plan –
Marie Bridges**

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

For the reporting period of 05/01/2023 through 04/03/2024 –

- Utilization Summary: Total claims paid for the reporting period of 05/01/2023 through 04/30/2024 was over \$7.3M, an increase of +5.32%. The average enrollment was 13,374, an increase of +1.88%, with claim costs per subscriber totaling \$550.43, an increase of +3.37%. There was an average of 3.87 claims per subscriber, an increase of +1.33%, with an average cost per employee per month at \$45.87, an increase of +3.37%.
- Claims Comparison Report: Claim totals have risen since the reporting period ending in April of 2022 from \$6.7M to \$7.3M in 2024 for services including Diagnostic and Preventative, Basic Restorative, Endodontics, Oral Surgery and more. There has also been a slow increase in the average number of employees. In 2022, there were 13,070 employees participating with an average cost per member per month of \$43.15, and in 2024 that number grew to 13,374 participants, with an average cost per member per month of \$45.87.
- Claims Utilization: Claims utilization for the reporting period of 05/01/2023 through 04/30/2024 show the total number of claims for Subscriber, Spouse, and Dependents, being \$7.3M, with 105,216 procedures paid at 100%. There were 51,296 claims submitted with an average cost per claims of \$143.51.
- Experience with Member Counts: The total billed for 05/01/2023 through 04/30/2024 was \$8M, with 51,296 claims paid totaling \$7.3M. In addition, our total subscribers reached 13,374.
- Network Utilization and Savings Report: For the reporting period of 05/01/2023 through 04/30/2024, for all Provider Network entities, there were claims submitted totaling \$20.1M with \$10.9M in total allowed and \$7.3M in total claims paid. There were 51,296 claims submitted. In addition, the Cost Containment Summary shows a Cost Containment Discount of \$9.1M, a 45.64% discount from claims submitted.

Labor Member, Nathaniel Zmek, states I would like to see the stats for dentists staying in the State of Maine specific pool.

Delta Dental will provide those numbers.



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- Network Savings Report: The Network Savings Report for 05/01/2023 through 04/30/2024 show a total network savings of over \$4.3M (24.86%). Total Utilization show there were \$20M in total claims submitted, \$15.7M in total claims approved, and \$7.3M in total claims paid.
- Oral Wellness and Utilization Summary: Currently 8,504 (38%), the majority of members, are at low oral health risk. There are 4,750 (21%) of members who are at moderate-risk and 2,418 (11%) of members who are at high-risk. The second most prevalent population are the members who have received no care at all, totaling 6,580 (30%). There were 9,494 member who received a Health through Oral Wellness (HOW) risk assessment with 8,819 members qualifying, and 675 members who did not qualify. There were 12,758 member who had no assessment at all.
- Members Oral Health by Age Group: Age group 0-3 saw 57 low-risk members, 1 moderate-risk member, and 54 high-risk members with 135 members receiving no care. Age group 13-19 saw 892 low-risk members, 546 moderate-risk member, and 284 high-risk members with 461 members receiving no care. Age group 36-67 saw 4,383 low-risk members, 2,719 moderate-risk member, and 1,227 high-risk members with 3,449 members receiving no care.
- Member Oral Health Trends: Member oral health trends show an increase in low-risk and moderate-risk members from 2021 to current and decrease in high-risk and no care members. Favorable trends show 4,821 members were low-risk for two years in a row. Unfavorable trends show 4,037 member had no care for two years in a row.
- No Care: There were 6,580 member who received no care from 05/01/2023 through 04/30/2024 – 3,491 were Subscribers, 1,224 were Spouse/Partners, and 1,865 were Dependents. Of those populations, 3,052 of those members were female, 3,519 were male, and 10 were categorized as “unknown”.
- Health through Oral Wellness (HOW) Clinical Risk Assessments: For the reporting period of 05/01/2023 through 04/30/2024, Health through Oral Wellness (HOW) qualified conditions for all subscribers include 5,239 Caries (tooth decay), 467 Perio (gum disease), and 3,113 Caries and Perio combined.



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There were 675 non-qualified Risk Assessments, 8,819 qualified Risk Assessments, and 12,758 members who had no Risk Assessment at all.

- Northeast Delta Dental Quality, Service, Impact: There are 89M members nationally that have Delta Dental Coverage. Over 1M members have Delta Dental Coverage in our tri-state area (Maine, New Hampshire, Vermont). Currently, 86% of dentists in the tri-state area, and 76% of dentist nationally are in the Delta Dental network. Delta Dental has 99% customer retention and a 93% member satisfaction rating. There are 2M local claims processed annually with 89% of claims submitted electronically. In addition, there are over 250+ local non-profit organizations supported through their philanthropic efforts.
- 2023 Dentist Office Survey: Respondents in the Dentist Office Survey increased 52% in 2023. When members were asked whether they would continue to participate with Northeast Delta Dental, there was a -6.5% decrease in members who stated "definitely," a +3.7% increase in members who were "unsure" and a +1.7% increase in members who stated, "probably not".

b. Plan Experience Summary – Active Medical and Dental: Lockton – Amy Deschaines

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

For the policy year July 2023 through June 2024 –

- Health Insurance Admin Payments: For the policy year July 2023 through June 2024, vendor fees totaled \$6.6M.
- Self-Funded Medical Experience Detail: Self-funded Medical through January of 2024 shows there were 100,168 employees with total net claims reaching \$143.7M and total plan costs of \$151.1M.
- Self-Funded Dental Experience Detail: Self-funded Dental through January of 2024 shows there is currently a surplus under the dental plan of \$290.3K, and we're running at 94% of the budget. We are seeing folks returning back to dental care, much like their medical care.

Labor Co-Chair, Jonathan French, asks "We did not get the "Individual Specific Loss" report. Can we get that?"

The Office of Employee Health & Wellness will follow up with this request.



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	<ul style="list-style-type: none"> • <u>Rebates</u>: We have another month of rebates coming through that will be beneficial to the budget. We did receive rebates in April worth about \$3M. 	
<p>c. Medicare Advantage Plan: Aetna – Sabrina DeGuzman-Simmons</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Medical Utilization February 1, 2023, through January 31, 2024 –</p> <ul style="list-style-type: none"> • <u>State of Maine Aetna Medicare Advantage Plan Highlights</u>: Demographics show there were 9,073 State A and B, and 494 Part B, Medicare Advantage Prescription Drug (MAPD) total memberships, with 90% of members living in Maine. Plan utilization shows 98.78% of provider paid amounts are in-network with 22.7% of Primary Care Provider visits bring for “unspecified morbidity,” and 6.2% of specialty being for Dermatology. Cost overview shows a +17.3% increase in medical pharmacy from the prior period, and in member experience, 21% of member completed a Healthy Home Visit, compared to the book of business at 22%. • <u>State of Maine Medicare Advantage Cost Results</u>: Pharmacy paid is contributing to the overall spend. There has been a +9% increase in total medical pharmacy spend with current totals reaching \$156.9M. The total pharmacy paid amount has also increased +17.3% currently reaching \$64.6M. • <u>Utilization Results</u>: Highlights regarding utilization results show high-cost claimants have \$75K+ in medical costs. There are currently 164 high-cost claimants – 18.0/1,000. The average high-cost claimant costs over \$124K and represent 22.1% of total paid. The top spend by diagnosis includes Oncologic (32.1%), Cardiac (13.3%), Neurologic (9.6%), Musculoskeletal (8.5%), and Renal (6.7%). • <u>Primary and Specialist Physician Office Visit Utilization – Parts A and B</u>: There was a +2.9% increase in Primary Physician paid per visit, and a -6.2% decrease in Specialist Physician paid per visit. The primary diagnosis for Primary Physician visits was “Unspecified Morbidity” with 581.7 visits/1000, and for Specialty Physicians it was Dermatology with 280.6 visits/1000. 	



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- Telemedicine – Parts A and B Plan: In the current year there was a decrease in paid amount for telemedicine visits – a change of -21.1%. The current paid amount is just over \$350K. There was also a decrease in the number of visits by -19.2% as well as a decrease in paid per visit by -2.4%. The top diagnosis group by visit was for Depression, with 555 visits and a paid per visit of \$102.00.
- Top 3 Diagnostic Categories: The top 3 diagnostic categories were Cardiac, with a total paid of \$13.6M, Oncologic, with a total paid of \$12.4M , and Musculoskeletal, with a total paid of \$10.7M.
- Top 3 Providers: The top 3 providers include Maine General Medical Center-Augusta Campus with 2,594 claims and a total paid amount of over \$9.7M, Maine Medical Center, with 1,127 claims and a total paid amount of over \$8.2M, and Northern Light Eastern Maine Medical Center, with 1,018 claims and a total paid of over \$4.6M.

Pharmacy Utilization for Parts A and B and Part B Only January 1, 2024, through March 31, 2024 –

- The State’s Part A and B Pharmacy Utilization: The State of Maine’s generic utilization has increased by 27 member from Q1, 2023 to Q1, 2024. In 2024 have been over 126.7K normalized scripts generated and of those scripts 87.7% of members receiving scripts were utilizing generics.
- Top 3 Part A and B Drugs Filled: The top 3-part A and B drugs filled were Eliquis with 1,027 scripts and 782 utilizing members, Jardiance with 439 scripts and 354 utilizing members and Trulicity Injectable, with 277 scripts and 180 utilizing members. Of the top drugs filled, four are specialty drugs, representing 52 members.
- The State’s Part B Only Pharmacy Utilization: Mail order utilization has gone down from 4.5% in Q1,2023, to 3.8% in Q1, 2024. In addition, there was a slight increase in the number of members enrolled showing 480 members in Q1,2023, and now 493 members in Q1, 2024.



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- Top 3 Drugs Filled for Part B Only Plan: The top 3-part B drugs filled were Abiraterone with 9 scripts and 3 utilizing members, Eliquis, with 43 scripts and 32 utilizing member, and Lenalidomide with 3 scripts and 1 utilizing member. Of the top drugs filled, 6 are Specialty representing 9 members.

Program Engagement –

- SilverSneakers Results: As of March 2024, there are 9,596 eligible members, and 1,886 enrollees. Of those currently enrolled, there are 533 participating members, 100 more than last year’s reporting.
- State of Maine Aetna Medicare Advantage Program Results:
 - Rewards Program: There has been an estimated \$97,567 in claimed rewards, with the top gift card selected being Home Depot.
 - Meal Delivery: There were 3,502 total meals delivered and 82 retirees had meals delivered as well.
 - Non-Emergency Transportation: There were 42 retirees that used non-emergency transportation and 116 total rides. This has increased since it was previously reported out in February of 2023.

Inflation Reduction Act Update –

- 2025 Medicare Prescription Payment Plan: Part D beneficiaries have the option to spread out-of-pocket costs over the course of the plan year, effective 01/01/2025. This option must be available to all enrollees and enrollment may occur prior to the start of the plan year or any month during the plan year, except the final month of the benefit year. All Part D drugs are eligible, and the monthly bill sent to Medical Prescription Payment Plan (M3P or MPPP) participants must be sent separately from premium bill.

d. State of Maine Health Plan – Pharmacy Update: MedImpact – Judy Paslaski and Aja Tufts-Godbout

Information contained in written report; highlights and discussion noted below:
Reporting Period 01/01/2024 through 03/31/2024 –



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- Performance Overview: The total planned paid per member per month trend is up +7.4% that is primarily due to the drug mix in play is up \$29.00 due to brand name drugs. Generics make up 1/3 of that trend.
- Specialty Overview: There was an increase in non-specialty use for diabetes and weight loss from Novo Nordisk and Ozempic.
- Specialty Trend, Utilization and Cost: Specialty utilizers and scripts are up 8.4%. This means specialty plan paid that's up 5.5% overall. The primary driver for specialty continues to be autoimmune and the autoimmune category.
- KPI Summary – State of Maine: In Q1 of 2024 retirees prescription trend is up 4.5% (+2,832 scripts). Eligible members were down slightly, however, utilizing members increased by +4.6%. Plan cost is up +7% (+7.4% per member per month trend) and generic prescriptions are also up +2.6%. Specialty per member per month is up +6% and non-specialty is up +9.2%.

Clinical Overview –

- Top Therapeutic Classes: In Q1 of 2024 most of the classes were stable and the top three therapeutic classes were inflammatory disease, diabetes, and neoplastic disease.
- Top Drug Entities: Ranked by plan paid cost, the top drug entities are Stelara with an RX Count of 56, Humira(CF) Pen with an RX Count of 141, Ozempic with an RX Count of 655, Wegovy with an RX Count of 489, and Trikafta with an RX Count of 24.
- Glucagon-Like-Peptide-1 (GLP-1): In Q1 of 2024 there were 1,126 members utilizing one of these drugs for either diabetes or weight reduction and a plan paid total of over \$2.9M. We do not anticipate this trend to slow down anytime soon. Hopefully utilization will level off.
- Formulary Strategy Update, GLP-1 Medications: Effective January 1, 2024, approval of GLP-1 medications (Byetta, Bydureon, Trulicity, Rybelsus, Ozempic,



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	Mounjaro, Victoza) now requires a diagnosis of Type 2 Diabetes as this is the only FDA approved indication for these medications.	
<p>e. State of Maine Health Plan – Medical Update: Anthem – Stefanie Pike and Kristine Ossenfort</p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Monthly Dashboard Paid Through March 2024 –</p> <ul style="list-style-type: none"> • <u>Financials and Demographics</u>: Employees make up about 56% of your membership, driving 67% of your total plan spend, followed by spouses at 15% of membership driving 20% of cost and dependence at 29% of membership driving 13% of cost. • <u>Enrollment</u>: The State of Maine plan is 48% male, 52% female, both on the employee side and the total member side and the contract size is 1.8, below the benchmark of 2.2. • <u>Total Population Health</u>: During the reporting period of April 2023 through March 2024 there were 8.9% of non-utilizing members. In addition, 40.5% of members are listed as “healthy”, 6.6% of members were listed as “at risk”, 40.7% of members were listed as “critical”, and 3.4% of members were listed as “critical”. • <u>Executive Summary</u>: Per member per month trend is up +4.6% over the prior 12 months. The top conditions were Cancer (12%), Health Status (10%) and Circulatory (9%). Currently 40.7% of members are affected by chronic conditions and 22.3% of members have a behavioral health claim. There was an increase in Adult Wellness Compliance from 56.8% to 57.6%. • <u>Financials</u>: In March 2024 the total medical spend was down -11% from February 2024 at \$13.4M. State of Maines Rolling 12 Experience is trending really well and is up +5%. • <u>Insights on Medical Trend</u>: Per member per month, medical spend increased +5% in the current period. This was driven by a \$16.00 increase in high-cost claimant per member per month and a -\$10.00 decrease in Musculoskeletal per member per month. 	



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- Place of Service: Inpatient makes up 21.2% of spend, Outpatient makes up 40.7% of spend, Emergency makes up 7.7% of spend, and Professional makes up 30.4%, which is below the benchmark of 40.2%.
- Non-High-Cost Claimants Top 5 Health Conditions Categories: Non-high-cost claimants top 5 health conditions categories include Health Status with 16% of spend, Ill-Defined Conditions with 10% of spend, Musculoskeletal with 10% of spend, Behavioral Health with 9% of spend and Digestive with 9% of spend.
- Chronic Lifestyle Conditions: Obesity continues to rise, however the top falling chronic condition by prevalence is Lower back pain. Of the State of Maine member population 19% had 2+ chronic conditions and hypertension had the highest prevalence rate.
- High-Cost Claimants \$50,000: High-cost claimants represented 2.4% of members and 45% of spend. High-cost claimants per member per month increased 6%, which was driven by a -1% decrease in the number of claimants per 1,000 and 17% of high-cost claimants spend was for medical specialty drugs.
- Behavior Health: Behavioral health paid per member per month increased +17.1% with 22.3% of membership. Professional outpatient accounted for 68.3% of total behavioral health spend and visits per 1,000 increased +12.3%.
- Preventative Screenings: Screening rates have increased in 7 out of 8 categories in 2024. Colon Cancer screening compliance has increased to 69% while Cervical Cancer screenings remained the same at 51%. Adult cancer screening compliance rates for breast cancer increased to 75% of members, and Primary Care Provider visits are up +3% from the previous year.
- Traditional Engagement: Member engagement shows 1.9% of traditional engagement, 14.6% high-cost claimants engaged with a nurse, and 3.7% of member declined engagement.



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- Top 3 In-Network Facility Inpatient Providers: Top 3 in-network facility inpatient providers were Maine Medical Center with a paid amount of \$12.3M, MaineGeneral Medical Center with a plan paid amount of \$5.9M, and Northern Light Eastern Maine Medical Center with a plan paid amount of \$3.9M.
- Top 3 Emergency Department Providers by Paid Amount: The top 3 emergency department providers by paid amount are MaineGeneral Medical Center with 1,226 emergency room visits and claims totaling \$2.5M, Maine Medical center with 492 emergency room visits and claims totaling \$1.4M, and Northern Light Eastern Maine Medical Center with 230 emergency room visits and claims totaling \$930K.

VI. EDUCATION

a. Hinge Health and Carrum Health Program Collaboration – Jake Friesen and Kathryn Laughlin

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

- How We Treat: Hinge Health is a physical therapist and coach-led, digital one-stop solution for all major muscle and joint issues.
- The Program: Hinge Health is designed with evidence-based guidelines, informed by recent literature and research and cares for nearly all body parts, from neck to foot.
- How We Treat: With care that is proven to work, Hinge health has a treatment plan that is customized for you and your needs through exercise therapy, education, and a dedicated care team.
- Clinical Coaching and Teams: Depending on your needs, your personalized program could include coaching and therapy with behavioral health coach support, physical therapists, and clinical experts.
- Who We Help: With comprehensive digital musculoskeletal system care, a single solution delivers care for everybody and every body part from prevention with Hinge Health to surgery with Carrum Health.



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- Referral Triggers and Criteria: Actions that would trigger a referral from Hinge Health to Carrum Health would include a member exhausting conservative treatment as well as an expert opinion. A referral from Carrum Health to Hinge Health would typically be triggered by a recommendation of conservative treatment as well as pre-op/post op exercises.
- Outcomes: The Hinge Health all-time impact summary shows there were 911 members engaged, with 38,625 exercise therapy sessions completed resulting in a 44% reduction in pain (in the first 90 days) and 59% reduction in surgery intent.
- Engagement Breakdown: There are 20,924 eligible employees and dependents, with 911 engaging in the program. Of the 911 engaged members, 843 had chronic pain, 64 had acute pain, and 4 needed surgery.
- Engagement for All Programs: The average engagement per member in a year shows 43 exercise therapy sessions, 46 care team interactions, and 19 education articles read.
- Pain Reduction: From published clinical studies, only 59% of patients achieve a clinically significant reduction in pain with traditional physical therapy and 78% of State of Maine members experienced a clinically significant reduction in pain with Hinge Health.
- What to Expect: Once you enroll, you will receive a program conformation, then the program will begin.

VII. SEMI-ANNUAL UPDATES

a.

Highlights and discussion noted below:

- There are no Semi-Annual updates this month.

VIII. OTHER BUSINESS

a. **Open Discussion**

Highlights and discussion noted below:



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IX. REQUEST MOTION TO ADJOURN

a. X. Adjourn Meeting (12:01 pm):

Labor Member, Kevin Dionne, made a motion to adjourn; Labor Member, Laurie Doucette, seconded the motion. Motion passed.

2024 meeting schedule available at www.maine.gov/bhr/oeH