



Board of Trustees
15 Estabrooke Drive
Orono, ME 04469

Tel: 207-581-5840
Fax: 207-581-9212
www.maine.edu

August 30, 2018

TO: Members of the Human Resources & Labor Relations Committee

FR: Ellen N. Doughty, Clerk of the Board

RE: **September 10, 2018 Human Resources & Labor Relations Committee**

The University of Maine

University of Maine
at Augusta

University of Maine
at Farmington

University of Maine
at Fort Kent

University of Maine
at Machias

University of Maine
at Presque Isle

University of
Southern Maine

The Human Resources & Labor Relations Committee will meet from **1:00 pm to 2:30 pm on September 10, 2018**. The meeting will be located at the University of Maine System Executive Offices, Rudman Conference Room, 253 Estabrooke Hall, 15 Estabrooke Drive in Orono. In addition to the Estabrooke Hall location, the following Polycom locations will also be available:

- UMF – Executive Conference Room, Merrill Hall
- UMFK – Alumni Conference Room, Nadeau Hall
- UMPI – HR Conference Room, Preble Hall
- USM – RM 205 Wishcamper

Refreshments will be provided at the USM location. The meeting materials will be posted to the Diligent Board Portal as well as the Board of Trustees website (<http://www.maine.edu/about-the-system/board-of-trustees/meeting-agendas/human-resources-labor-relations/>).

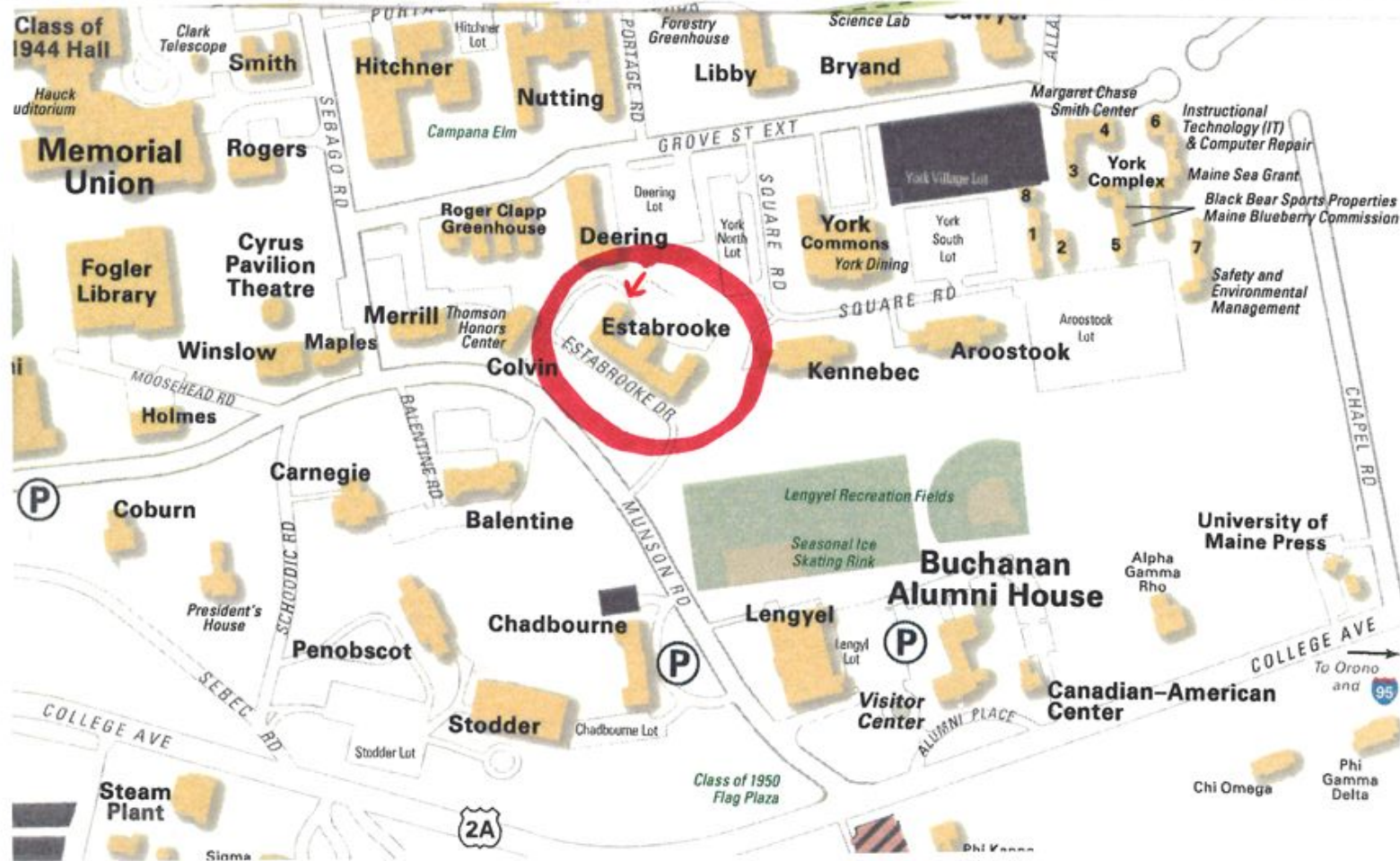
If you have questions about the meeting arrangements or accessing the meeting materials, please call me at 581-5840. If you have any questions or desire additional information about the agenda items, please call Mark Schmelz at 581-2365.

cc: James Page, Chancellor
Trustees (who are not members of the HR/LR Committee)
Presidents
Ryan Low
Mark Schmelz

University of Maine System

15 Estabrooke Drive, Orono

Rudman Conference Room
253 Estabrooke Hall, 2nd Floor
15 Estabrooke Drive, Orono



Directions to the UMS located on the UMaine Campus

From the South on I-95: take exit 191 to Kelly Road and turn right. Continue on Kelly Road for 1 mile until you reach the traffic light, then turn left onto Route 2 and go through downtown Orono. Cross the river. Turn left at the lights onto College Avenue. Buchanan Alumni House will be the first campus-related building on your right. Right after the Buchanan Alumni House, take a right onto Muson Road. Estabrooke Hall is the building on the right after Lengyel.

From the North on I-95: take exit 191 to Kelly Road and turn left. Continue on Kelly Road for 1 mile until you reach the traffic light, then turn left onto Route 2 and go through downtown Orono. Cross the river. Turn left at the lights onto College Avenue. Buchanan Alumni House will be the first campus-related building on your right. Right after the Buchanan Alumni House, take a right onto Muson Road. Estabrooke Hall is the building on the right after Lengyel.

The UMS is located on the 2nd floor of Estabrooke Hall. Enter Estabrooke Hall from the back of the building, the entrance closes to Deering Hall.



Board of Trustees

Human Resources & Labor Relations Committee

September 10, 2018

1:00 PM – 2:30PM

Wishcamper 205, University of Southern Maine
Rudman Conference Room, 253 Estabrooke Hall, Orono

AGENDA

- TAB 1 [Human Resources / Labor Relations Committee Fiscal Year 2019 Work Plan](#)
- TAB 2 [Employee Health Plan Task Force \(EHPTF\) Scorecard](#)

Executive Session

Action items within the Committee purview are noted in green.

Items for Committee decisions and recommendations are noted in red.

Note: Times are estimated based upon the anticipated length for presentation or discussion of a particular topic. An item may be brought up earlier or the order of items changed for effective deliberation of matters before the Committee.



AGENDA ITEM SUMMARY

1. **NAME OF ITEM:** HR/LR Committee Fiscal Year 2019 Work Plan
2. **INITIATED BY:** Betsey Timm, Chair
3. **BOARD INFORMATION:** X **BOARD ACTION:**
4. **OUTCOME:** **BOARD POLICY:**
5. **BACKGROUND:**

The FY 2019 Work Plan for Human Resources & Labor Relations Committee is intended to cover both action items required for governance of the University of Maine System and those topics of importance and interest to the Board. Trustee Timm and Chief Human Resources Officer Mr. Mark Schmelz will review the draft plan with the Committee in preparation for inclusion in the September 16-17, 2018 Board of Trustee meeting materials.

08/30/2018

University of Maine System
Board of Trustees

Human Resources/Labor Relations Committee
Fiscal Year ~~2017~~ 2019 Work Plan

Standing Agenda:

1. Collective Bargaining Update (may occur in HR/LR Committee or in Executive Session of the Board of Trustees) – Chief Human Resources Officer and Director of Labor Relations
2. Human Resources and Labor Relations items requiring Committee and/or Board approval

Ad Hoc Agenda: **Note: Items in red require a vote of the Committee**

- **Approval of Collective Bargaining Agreements (as tentative agreements are reached)**
- Collective bargaining goals and relationship for FY 19 ~~FY17 and FY18~~ (review as needed)
- Review Employee Health Plan Task Force Scorecard ~~recommendations of the Employee Health Plan Task Force~~ (September)
- Evaluation of Board Chair (March)
- Comprehensive Presidential Review results (as needed)
- Review progress of Human Resources Strategic Plan (January, July)
- **Policy and compensation changes for non-represented employees (as needed)**
- Update on significant HR initiatives (as needed)
- Briefing on compliance and regulatory issues (as needed)
- Chancellor's Review Committee, chaired by Human Resources/Labor Relations Committee Chair, as needed

Informational Reports:

- Named Chairs and Professorships Annual Report (July)
- Report of Management Group appointments (July, November, March)
- Workforce Profile and Turnover reports (May)

Meeting Schedule:

Meetings are scheduled prior to Board of Trustees meeting as needed depending on agenda items.

09/08/2016



AGENDA ITEM SUMMARY

- 1. **NAME OF ITEM:** Employee Health Plan Task Force Scorecard
- 2. **INITIATED BY:** Betsey Timm, Chair
- 3. **BOARD INFORMATION:** X **BOARD ACTION:**
- 4. **OUTCOME:** **BOARD POLICY:**
 Primary Outcomes: Board Policy 411
 Enhance fiscal positioning
 Secondary Outcomes:
 University workforce engagement

5. **BACKGROUND:**

Chief Human Resources Officer Mr. Mark Schmelz will present the Employee Health Plan Task Force (EHPTF) Scorecard and Executive Summary.

Employee Health Plan Task Force (EHPTF) Scorecard

Executive Summary

The EHPTF scorecard provides important highlights of how the University of Maine System's health and welfare programs are performing. Data is tracked on a calendar year basis for the last three year period, to identify any trends over time. The scorecard combines claims and demographic data, as well as health and plan management statistics, to provide a holistic view of the program. Below is an overview of each section, what the results are and why this is important to the University of Maine System.

Section I: Claims Cost Summary

- This section provides enrollment information, as well as how claims are performing compared to national trends (provided on a per member, per month basis to normalize the data).
- Enrollment and contract size are important as they determine how many individuals are enrolled on the plan and could potentially utilize services. Enrollment and contract size have decreased over time on the plan.
- While claims have been trending up over the last several years, the graph shows that plan is consistently performing below trend. This is indicative of the proactive plan management that the University of Maine System has put in place.

Section II: Network Management

- This section contains information such as where and what type of providers members are utilizing.
- High in-network utilization helps to keep claims cost down for both the plan and the member, as care is provided at a discounted contract rate and prevents balance billing.
- Use of Cigna's cost and quality network providers (including Centers of Excellence and Collaborative Accountable Care groups) has increased considerably over the past several years. This helps to ensure high quality outcomes while also impacting cost.

Section III: Plan Management – Consumerism Statistics

- This section provides information as to how members are utilizing the plan and if they are being good consumers of healthcare.
- Use of the emergency room has increased slightly over the years; however it is well below norms when compared to Cigna's book of business. Also, the increase in the use of urgent care centers and telemedicine indicates that members are seeking other points of care that are more convenient and less costly to themselves and the plan.
- As the cost of prescriptions continue to rise, members are seeking ways to control their out-of-pocket cost. Generic and mail order usage can provide cost savings to the member as well as the plan, as well as offer a convenient way to receive prescriptions.

Section IV: Wellness

- This section outlines participation in the RiseUp wellness program.
- Completion of level one and two have increased over the past several years, providing a premium savings as well as cash incentive to employees and their spouses/partners to help drive engagement.
- Engaging in a wellness program can help to foster good health and lifestyle habits that benefit employees at work and at home, as well as help to curb the rising cost of health care.

Section V: Communications

- This section includes statistics on the Healthy and Maine newsletter; who is receiving it, who is opening it and who is clicking through for more information.
- While the open rates have remained relatively consistent, the click rates have seen a steady increase. This indicates that the information provided is useful to the employee and will help to communicate meaningful health and benefits information throughout the year.

Section VI: Health Improvement – Preventive Care & Compliance Statistics

- This section outlines utilization of preventive care (including annual physicals and recommended screenings) as well as adherence to medication and necessary care for certain conditions.
- Preventive care is critical for the early detection of possible health issues. In most cases, early detection can help to manage the outcome, as well as the associated cost.
- University of Maine System's preventive care statistics are generally above Cigna norms, however there are some areas of focus in future years to continue to increase compliance.

Section VII: Overall Population Health

- This section provides an overall risk score to the UMS population in comparison to Cigna norms, as well as includes information on gaps in care and the impact that has on cost.
- Over the past several years, the percentage of members in the low risk category has decreased while those in medium or high risk categories have increased.
- As the table shows, those in a higher risk category drive more cost to the plan, as do those that have more gaps in care.
- Communications of the programs available, directing care to the most appropriate setting and ensuring compliance with medication and treatment are integral to managing the cost and moving members down to lower risk categories.

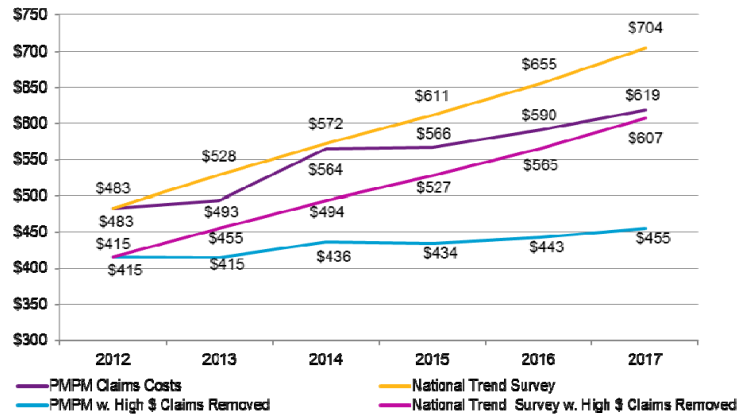
Data as of 12/31/2017



EHPTF SCORECARD

Section I: Claims Cost Summary

Demographics	2015	2016	2017
Average # Active Enrolled EEs	4,403	4,329	4,324
% Change in Enrollment	-4.2%	-1.7%	-0.1%
Average Contract Size	2.20	2.17	2.17
Medical Claims PMPM	\$470.47	\$487.28	\$518.82
Medical Trend (%)	-1.8%	3.6%	6.5%
Pharmacy Claims PMPM	\$96.45	\$109.49	\$109.97
Pharmacy Trend (%)	13.6%	13.5%	0.4%
Total Claims PMPM	\$566.92	\$596.77	\$628.79
Annual Trend (%)	0.5%	5.3%	5.4%
Published Trend	6.8%	7.1%	7.6%



Section II: Network Management

	2015	2016	2017	Cigna Norm
In Network %	96.3%	97.0%	97.1%	93.3%
<i>UMS Encourages In Network Care</i>				
Primary vs Specialty Ratio	61.4%	61.1%	61.3%	55.8%
<i>UMS encourages primary care</i>				
Cigna Care Designation %	49.5%	46.7%	60.6%	N/A
<i>Providers who meet quality and cost efficiency criteria</i>				
Centers of Excellence	21.0%	31.0%	50.0%	N/A
<i>Hospitals identified as providing exceptional Patient Outcomes and Cost Efficiency for specific procedures or medical conditions</i>				
Collaborative (CAC) Aligned		69.1%	71.2%	N/A
<i>Providers that are rewarded for improved health outcomes, affordability and experience</i>				

Section III: Plan Management—Consumerism Statistics

	2015	2016	2017	Cigna Norm
ER Visits per 1,000 members	189.1	197.5	196.7	209.0
Urgent Care per 1,000 members	149.5	148.0	157.3	303.3
Telemedicine Visits	N/A	38	75	N/A
Generic %	84.4%	85.9%	88.9%	87.2%
Mail Order and Retail 90 %	45.2%	68.8%	69.2%	N/A
Use of EAP	4.0%	4.7%	5.2%	3.8%

Section IV: Wellness

	2015 (#)	2015 (%)	2016 (#)	2016 (%)	2017 (#)	2017 (%)
Level 1 Completions	5,375	84%	5,103	80%	5,607	88%
Level 2 Completions	3,628	42%	2,985	47%	3,108	49%
Engaged with Health Coach	3,437	54%	3,313	52%	2,587	41%

Note: Information above includes claims experience for Actives and Under 65 Retirees only.

Data as of 12/31/2017



EHPTF SCORECARD

Section V: Communications

Healthy & Maine	Sent	Open	Click
January 2017	4,080	2,646 (66%)	237 (9%)
March 2017	4,091	2,592 (66%)	249 (10%)
May 2017	4,090	2,501 (63%)	9 (1%)
August 2017	4,092	2,593 (65%)	456 (18%)
OE Special Ed. 2017	4,671	2,764 (61%)	570 (21%)

Section VI: Health Improvement—Preventive Care & Compliance Statistics

	2015	2016	2017	Cigna Norm
UMS encourages Preventive Care & Compliance				
Preventive Visits (Adult)	56.0%	54.5%	56.8%	44.1%
Screening Compliance				
Mammograms	84.0%	78.0%	76.0%	64.0%
Cervical Cancer	54.0%	61.0%	61.0%	61%
Colon Cancer	49.0%	38.0%	45.0%	48%
Gaps in Care	74.0%	72.6%	71.7%	72.1%
Medication Adherence	82.0%	89.0%	89.0%	N/A

Section VII: Overall Population Health

Relative Risk Score	2015 % Members	2016 % Members	2017 % Members	% Members Norm	2017 Paid PMPY	2017 Average Age
Low (<1.00)	61.0%	57.9%	57.4%	69.9%	\$1,746	31.0
Low Care Gap Index (0 – 2)	51.8%	49.9%	49.4%	61.7%	\$1,597	
Medium Care Gap Index (3 – 4)	7.4%	6.9%	6.3%	6.8%	\$2,385	
High Care Gap Index (+5)	1.7%	1.6%	1.7%	1.4%	\$3,596	

Relative Risk Score	2015 % Members	2016 % Members	2017 % Members	% Members Norm	2017 Paid PMPY	2017 Average Age
Medium (>= 1.00 and < 2.50)	28.8%	31.2%	31.3%	20.9%	\$6,984	50.9
Low Care Gap Index (0 – 2)	16.7%	18.6%	19.1%	13.0%	\$6,614	
Medium Care Gap Index (3 – 4)	8.0%	8.5%	8.1%	4.7%	\$6,945	
High Care Gap Index (+5)	4.0%	4.1%	4.0%	3.3%	\$8,848	

Relative Risk Score	2015 % Members	2016 % Members	2017 % Members	% Members Norm	2017 Paid PMPY	2017 Average Age
High (>=2.50)	10.2%	10.9%	11.3%	9.2%	\$34,191	55.6
Low Care Gap Index (0 – 2)	3.8%	4.0%	4.1%	3.5%	\$29,405	
Medium Care Gap Index (3 – 4)	3.2%	3.4%	3.6%	2.4%	\$35,249	
High Care Gap Index (+5)	3.2%	3.5%	3.7%	3.3%	\$38,832	