

**NOTES OF THE  
CAPE COD MUNICIPAL HEALTH GROUP**

**Steering Committee Meeting**  
Wednesday, October 11, 2017, 9:00 AM  
Sandwich Town Hall  
Sandwich, MA

**MEETING MINUTES**

A meeting of the Steering Committee of the Cape Cod Municipal Health Group (“CCMHG”) was held on Wednesday, October 11, 2017 at 9:00 AM at the Sandwich Town Hall, Sandwich, MA

The following people attended:

**Steering Committee Members Present:**

Skip Finnell, Steering Committee Chair	Dennis-Yarmouth RSD
Noreen Mavro-Flanders, Board Chair	County of Dukes County
Christopher Clark	Town of Harwich
Debra Blanchette	Town of Barnstable
Denise Coleman	Town of Falmouth
Deb Heemsoth	Town of Dennis
Marie Buckner	Town of Sandwich

**Guests Present:**

Aaryn Pure (by webinar)	Livongo
Christian Brown, Sr. VP Managed Care	Cape Cod Health Network (CCHN)
William Litterer	Cape Cod Health Network (CCHN)
Ken Jenks	Dennis-Yarmouth RSD
Bill Hickey	Harvard Pilgrim Health Care (HPHC)
Garbrielle Pitcher	Blue Cross Blue Shield of MA (BCBS)
Bill Rowbottom	Blue Cross Blue Shield of MA (BCBS)
Carol Cormier	Group Benefits Strategies (GBS)
Karen Carpenter	Group Benefits Strategies (GBS)

Skip Finnell, Steering Committee Chair, called the meeting to order at 9:03 AM.

**Approval of minutes of the September 14, 2017 meeting:**

Noreen Mavro-Flanders moved to approve the minutes of September 14, 2017 as written.

Motion

Chris Clark seconded the motion. The motion passed by majority vote with one member abstaining.

**Treasurers Report:**

The Treasurer was unable to attend and the report was not available.

**GBS Reports:**

Carol Cormier reviewed the Funding Rate Analysis (FRA) with 2 months of data through August 2017. She said the expense to funding ratio was 80.9% and noted it included about \$1.3 million in reinsurance reimbursements. Ms. Cormier reviewed the enrollment statistics for the HSA qualified High Deductible

Health Plans (HDHP) and said 45.7% of those enrolled are age 50 or older, while 66.8% are over the age of 40. Ms. Cormier said there are 208 HDHP contracts total.

There was a brief discussion.

Chris Clark noted said he is enrolled in an HDHP and said Health Equity is easy to use and works as advertised.

*Reinsurance reports* – Karen Carpenter reviewed the FY17 excess claims report with claims updated through August 2017. She said that there were 21 members with claims exceeding the deductible. She reported total claims of \$9.26 million and excess claims of \$2.96 million. She said reimbursements of \$2.60 million have been received to date.

Karen Carpenter reviewed the FY16 excess claims report and said CCMHG has received \$3.15 million in reinsurance reimbursements and is owed an additional \$24,178. She said Berkley Insurance, the reinsurance carrier, has only recently received the BCBS claims information to be able to process the remaining reimbursement.

**A Care Management Program Webinar - Livongo:**

Carol Cormier said the Committee will be hearing from Aaryn Pure about a program that empowers people with diabetes to live a better life.

Ms. Cormier provided information about the current diabetes program and the changes to that program proposed by Abacus Health Solutions. She said Abacus charges a per member per month fee for all health plan members, while Livongo charges a per user fee for each participant in their program.

Ms. Cormier said the Abacus program requires the five American Diabetes Association guidelines of care be met by the participant and certified by his/her physician. The incentive for this program is medications and supplies at a retail pharmacy provided at no cost to members who have fulfilled all five care guidelines within a 12-month period. She said CCMHG reimburses Abacus for the cost of the medications and supplies.

Carol Cormier said the Livongo program provides the participant with a new state-of-the-art real-time touchscreen blood glucose monitor which provides personal data, educational information and live interventions triggered by acute alerts. She said test strips and lancets are shipped directly to the member with an automated reordering system based on usage.

Denise Coleman joined the meeting.

*Livongo Presentation – Aaryn Pure, Vice President, Northeast via internet* – Mr. Pure introduced himself and said the Livongo name was derived from “Live on the go”. He said what they hear most from diabetics is they want to manage their diabetes without changing their lifestyle. Mr. Pure said the company launched the program 4 years ago and said their focus is on changing behavior to improve the health of people with diabetes.

Mr. Pure said they found the typical approach to diabetes is not working, with out-of-date data, cost of test strips, self management and overwhelmed providers. Mr. Pure said there is a lot of focus on stabilizing the HbA1c levels of diabetics. He gave an example of two people with the same average HbA1c levels, but with different engagement levels of managing their disease. He said the blood glucose levels over a 90 day period showed that the person with high engagement had pretty stable readings. Mr. Pure said glucose levels of the person with low engagement had low readings in the morning and high readings at night. He said their LDL, blood pressure readings, and annual claims costs were also very different. Mr. Pure said after reviewing the data and an intervention from a Livongo nurse or diabetes educator, the member changed the time of when he ate and some of what he ate and now has his glucose levels under control.

Mr. Pure said technology empowers people with diabetes and allows them to live the most normal life possible. He said the Livongo blood glucose monitor and test strips are free to the member and provides real-time data with instant coaching messages. He said live interventions are triggered by acute glucose readings by nurses and educators certified in diabetes care. Mr. Pure said Livongo provides 24/7/365 service to members. He said they also provide personalized digital coaching, meal plans, and customized monthly newsletters. Mr. Pure said Livongo has a Member Portal and Smart Phone application as well. He said the fee is \$75 per user per month..

Mr. Pure did a demonstration of an acute blood glucose reading. He used fake blood to produce a low glucose reading of 43. He received a call from a Livongo nurse who explained the experience a member would have in that same situation Mr. Pure discussed their services in more detail and said if the health plans could transmit the claims information to Livongo, they would be able to provide a detailed analysis for CCMHG.

The Steering Committee thanked Mr. Pure for his presentation, and he signed off.

Carol Cormier asked if the Steering Committee wanted to invite Mr. Pure to the next Board meeting.

The Steering Committee agreed to ask Mr. Pure to attend and present to the Board, but to limit the presentation to 20 to 30 minutes.

In response to a request from the Steering Committee, Ms. Cormier said she would look up the yearly fees paid to Abacus Health Solutions. She said she is waiting for the dollar amount of the cost of medications and noted that Group Benefits Strategies was going to meet with Abacus.

Skip Finnell asked Ms. Cormier if she would create a comparison between Livongo and the Abacus program.

**Cape Cod Health Network (CCHN) presentation – Christian Brown, Vice President:**

Chris Brown introduced himself and William Litterer, DO, Medical Director, and he distributed his presentation. He said his agenda includes the CCHN analysis of the CCMHG covered lives and CCHN's approach to population health and opportunities for collaboration.

Mr. Brown reviewed the demographic breakdown by age and gender and said 70% of the population are adults aged 18 to 64 and 4% are Medicare eligibles aged 65 to over 85 years old. He said the remaining 26% are those age 1 to 18. Mr. Brown said the data is based on the 12-month period ending on April 30, 2017. Mr. Borwn said 10% of the members accounted for 64% of the total allowed cost.

Mr. Brown said CCHN's focus is on chronic conditions prevalent in the community that can be managed in the outpatient setting in order to avoid high-cost episodes of care. He said the top 14 chronic care conditions are Arthritis, Asthma, CAD, CHF, CKD, COPD, Depression, Diabetes, Hyperlipidemia, Hypertension, IBD, Pneumonia, Seizure, and Stroke. He said the area of focus is on the 1,940 CCMHG adult members identified as high risk, having one or more chronic conditions. He reviewed the top 8 conditions and said 931 members identified with Hypertension with a total allowed cost of \$10,944,706 and a prevalence of 23%. Mr. Brown noted the cost of care increases dramatically with the presence of a psychiatric or substance abuse co-morbidity.

Mr. Brown said their Population Health Model includes integrating the PCP, Psychiatrist and Behavioral Health Therapist care, defining physician accountabilities, Optimizing Access and EMR usage and providing physician incentives that stimulate engagement, and clinical and analytic centralized support. He went into detail on how each part of the model would work.

In response to a question asked by Carol Cormier, Mr. Brown said the next steps would include collaborating with CCMHG. He said CCHN would like to sign on more members to the CCHN physicians network.

Skip Finnell asked Mr. Brown to send a list of bullet items that CCMHG would need to do to explore collaboration efforts.

Mr. Brown said he wanted to present today's information to the Committee first so CCMHG would know how the CCHC model works. He said they will need to receive the CCMHG Wellness Programs currently running to be able to see how they could integrate the CCHN and CCMHG programs.

Carol Cormier said CCMHG's goal is to get the claims costs down and wanted to see if there were ways to work together with CCHC/CCHN towards that goal.

Skip Finnell thanked Chris Brown for coming and he and Mr. Litterer left the meeting.

Noreen Mavro-Flanders asked for a breakdown of the Abacus Diabetes program costs for last year.

Christopher Clark asked to see a cost model from Livongo.

**CY18 Senior plan rates – recommendations to the Board:**

*Blue Medicare Rx formulary changes* - Garb Pitcher said in an effort to control the rising cost of prescription drugs associated with the Medex and Managed Blue for Seniors plans, BCBS made a decision to change the tiering of a number of drugs and to eliminate a few others. She said this decision will manage costs and also reduce the Rx premium portion of the Medex2 plan. Ms. Pitcher said the final list of the changes is not available yet, but she said the draft version has 53 prescriptions moving from a Tier 1 to a Tier 2 copay, and 15 moving from a Tier 1 to a Tier 3 copay. She said 7 drugs will no longer be covered without a physician's special request. Ms. Pitcher said there are alternatives available for those 7 drugs. She said the changes will be included in the annual notice to members, but BCBS is unable to send letters to specific members affected.

*CY18 Senior plan renewal* – Carol Cormier said there was motion at the last meeting to recommend the BCBS Medex and HPHC Medicare Enhance plan rates. Ms. Cormier said the proposed CY18 Medex rate of \$332 and the Medicare Enhance rate of \$353 were recommended.

Ms. Cormier said the Tufts senior plan rates were not available at that meeting, but she said they are available today. She said the Tufts Medicare Preferred rates are not negotiable since they are governed by CMS.

Ms. Cormier referred to and reviewed the Tufts rates in the packet. She said the Tufts Medicare Preferred HMO plan rate is increasing from \$296 to \$314, an increase of 6.1%. Ms. Cormier said the Tufts Medicare Supplement with PDP Plus plan is increasing from \$363 to \$384, an increase of 5.8%. She said the rates were going to increase by about 10% but said Tufts worked to get the increase lowered. Ms. Cormier said the addition of the insurer fee of \$10.28 per member per month and a \$3.50 reduction in CMS reimbursements are part of the reason for the increase along with the increase in the PDP portion of the rate.

Ms. Cormier said the Medicare HMO Blue plan is increasing from \$365 to \$380.08 and the Managed Blue for Seniors plan is decreasing from \$347 to \$328. She said the reason for the decrease is due to the changes BCBS made to the prescription drug formulary.

Christopher Clark made a motion to recommend the senior plan rates as presented.

Motion
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Marie Buckner seconded the motion. The motion passed by a unanimous vote.

**Proposed contract with Consilium for negotiation of Out-of-Network claims:**

Carol Cormier said the Account Executives from Harvard Pilgrim and BCBSMA have explained that they have recently added services to negotiate OON claims. She said there are very few OON claims from Harvard Pilgrim that would be eligible for negotiation, and those are primarily low cost claims and claims from town-owned ambulance services. Ms. Cormier said BCBSMA has more OON claims, but said Gabrielle Pitcher explained that effective January 1, 2018, BCBS will be paying those claims at 150% of Medicare pricing.

Skip Finnell said he supports waiting to see the impact of the change in the way BCBS pays these claims before pursuing anything with Consilium at this time. The Committee did not take any action.

**Health Plan reports:**

*Harvard Pilgrim* – Bill Hickey said the towns of Falmouth and Sandwich will be holding their senior health fairs together this year. He said he would discuss the HPHC active plan drug formulary changes at the next Steering Committee.

**Other Business:**

The next meeting was scheduled for October 18<sup>th</sup> at 9:00 AM the COMM Fire District, Centerville, MA. A Board meeting is scheduled to take place at 10:00 AM following the Steering Committee meeting.

Skip Finnell asked to add the HPHC Rx formulary discussion and the Livongo presentation to the next agenda.

There was no other business.

Christopher Clark moved to adjourn the meeting.

Motion
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Noreen Mavro-Flanders seconded the motion.

Skip Finnell adjourned the meeting at 12:11 PM.

*Prepared by Karen Carpenter  
Group Benefits Strategies*