

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

Steering Committee Meeting
Friday, March 23, 2018 10:30 AM
Cape Cod Regional THS, Harwich, MA

MEETING MINUTES

A meeting of the Steering Committee of the Cape Cod Municipal Health Group (“CCMHG”) was held on Friday, March 23, 2018 at 10:30 AM at Cape Cod Regional THS, Harwich, 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
Denise Coleman	Town of Falmouth
Debra Blanchette	Town of Barnstable
Christopher Clark	Town of Harwich
Susan Wallen	Nauset Regional School District
Erin Orcutt	Cape Cod Regional THS
Deb Heemsoth	Town of Dennis

Guests Present:

Rich Bienvenue, CPA	CCMHG Treasurer
David Sirowich	PBIRx
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)
Fred Winer	Tufts Health Plan
Nina Conroy	Delta Dental of MA
Carol Cormier	Group Benefits Strategies (GBS)
Chris Nunnally	Group Benefits Strategies (GBS)
Karen Carpenter	Group Benefits Strategies (GBS)

Skip Finnell, Steering Committee Chair, called the meeting to order at 10:45 AM.

Approval of minutes of the March 7, 2018 meeting:

Noreen Mavro-Flanders moved approval of the March 7th Steering Committee minutes.

Motion

Christopher Clark seconded the motion. The motion passed by unanimous vote.

Treasurer’s Report:

Treasurer Rich Bienvenue, CPA reviewed the financial reports with data through January 2018 (unaudited figures). He reported an overall Fund Balance (Total Equity) of \$28,639,129, up \$11.2 million from the same time last year. He said he just received the February claims today, which were up a moderate level, but said CCMHG is still in a good financial position. Mr. Bienvenue said he will be contacting those units with outstanding balances.

Discussion about PBIRx – possible vote – David Sirowich, PBIRx, Executive Vice President:
Carol Cormier said she received the PBIRx service proposal, including an implementation timeline from David Sirowich. She said she sent this information along with a proposed contract to the Steering Committee.

Chris Nunnally, GBS, said this year’s focus will be looking at the carrier’s side of implementation and coordination.

David Sirowich said PBIRx wants to come up with a strategy. He said initially, there will be a gathering of data and a review the health plan renewals, benefits, and wellness programs. Mr. Sirowich said a major goal is the communication. He said CCMHG may want to incentivize the CanaRx program to increase utilization. Mr. Sirowich said they will work with the carriers to see if there are any outlying areas that will need to be looked at. Mr. Sirowich said there are pros and cons of whether or not to carve in or carve out prescription drug coverage.

Mr. Sirowich said the base fee is \$0.60 per prescription for the term of the contract. He said they would like CCMHG to authorize PBIRx to request compensation directly from the vendors. He said the fee includes monthly analysis and consulting services. Mr. Sirowich said PBIRx will guarantee the savings through their contract will outweigh the compensation to PBIRx from the PBM or group will be credited back the difference.

Bill Hickey said the pricing on the data to PBIRx is reflective of HPHC contracts and said those contracts are private. He said HPHC will most likely reserve the right to pass on any charges from PBIRx on to the CCMHG. Mr. Hickey said MedImpact is HPHC’s PBM.

Garbrielle Pitcher said she will not comment until BCBS has reviewed additional information.

Mr. Sirowich said it is PBIRx’s intent to work together with the carriers to save money for the group as they have done for other GBS clients. He said the goal is to lower the Rx spend and said PBIRx guarantees their costs will not be greater than the savings.

Skip Finnell said the contract seems to protect PBIRx more heavily than it does for CCMHG. He said a legal review of the contract will be needed and said he would like “RI” to be changed to “MA” in the contract.

Carol Cormier said Kate Sharry and Chris Nunnally have met with several vendors similar to PBIRx and have determined PBIRx to be the best fit for its clients.

Dave Sirowich said he will be happy to move forward without an agreement to a point and said he does not foresee any issues. He said PBIRx will abide by the MA General laws.

Chris Clark made a motion to move forward with PBIRx for a July 1, 2018 start date, pending a full legal review of the agreement and contract, subject to changes and to work within MA laws.

Motion

Denise Coleman seconded the motion.

The motion carried by a majority vote of 7 in favor and 1 abstention.

In response to a question asked, Mr. Sirowich said PBIRx is the prescription consultants for Cape Cod HealthCare. He said the contract with Cape Cod HealthCare will be similar to the CCMHG contract. Mr. Sirowich said PBIRx wants to help make things better between CCMHG and CCHC. He said CCHC wants to gain more utilization of its pharmacies and hopes to give CCMHG lower claims. Mr. Sirowich clarified that he is not involved in the management of CCHC, but sits in on their meetings as a consultant. He said he advises them and does not hold a seat on the Board.

Carol Cormier said she will send the contract to legal counsel for review.

There was a discussion about which attorney to use.
Skip Finnell said that there could be a discussion about this following the meeting.

Discussion about iSelectMD – possible vote –

Chris Nunnally said he did reference checks on iSelectMD and explained the results of the phone interviews in detail. He said each person contacted was very satisfied with the program and its ease of use. Mr. Nunnally said iSelectMD also incentivizes utilization of the program with monthly drawings of gift cards.

Carol Cormier said these types of programs only work when there is little or no copay charged to the member. She said iSelectMD's program will not charge a copay to the member and costs \$1.90 per subscriber per month to be paid by CCMHG *versus* the Teladoc fee of \$2.35. Ms. Cormier said the only cost to CCMHG will be the \$1.90 pmpm. She said that there will be no claims under this model.

Erin Orcutt said she has a concern about low utilization, which has been an issue with other fine programs offered by CCMHG. She said the programs really need a concerted marketing effort.

Denise Coleman agreed with Ms. Orcutt and thought spending \$200K a year for a program that is underutilized will be a waste of money.

Chris Nunnally said GBS selected iSelectMD because of its utilization guarantee. He said CCMHG is guaranteed a 5% utilization during the first year or they will return 20% of the already low fee.

Denise Coleman suggested looking into hiring a marketing company to promote all of the current programs and future programs. She asked to add this item to the next meeting agenda.

Chris Nunnally agreed to obtain some loose pricing on a few marketing companies to get a sense of their options on a high level.

Chris Clark made a motion to defer a vote on the iSelectMD program until after marketing information is reviewed.

Motion

Denise Coleman seconded the motion. The motion passed by a unanimous vote.

Request to put the dental plan out to bid:

Chris Clark said he asked to have this item added to the agenda due to a personal issue he recently had with Delta Dental. He said that issue has since been resolved, but said CCMHG has contracted with the same dental plan for a long time and said the Committee may want to look at what other plans have to offer.

There was a discussion.

Chris Clark made a motion to put an RFP out to bid for the dental plan for July 2019.

In response to Mr. Clark's issue, Carol Cormier said CCMHG covers dependents on the dental plan until age 19 or to age 23 if the dependent is a full-time student. She said the subscriber is responsible to submit a student certification to the plan each year or the coverage will be cancelled. She said that the eligibility of dependents for the health plans follows the ACA requirement of to age 26 regardless of student status. She said that this can cause confusion.

Nina Conroy said there are currently 5,000 dependents covered by the dental plan. She said that for self-funded plans that opt for the eligibility levels that CCMHG has, Delta sends out the certification forms in

August each year and asks them to be returned by September 30th. Ms. Conroy said if the certification is not returned, the dependent is removed from coverage. She noted that there is a 80% compliance rate of return. Ms. Conroy said letters are also sent out when a dependent turns 19 years of age. She said Delta's fully insured business covers dependents until 26 years of age, similar to the medical coverage age of the ACA.

A Steering Committee meeting was scheduled for April 13, 2018 at 9:00 AM, to be held at the Sandwich Town Hall if it is available.

Information from CCHC Consultant:

Carol Cormier said she has had two phone conferences with CCHC's consultants at NFP. She said the Steering Committee asked for NFP to provide the following data prior to a presentation: (1) outline of the presentation, (2) a timeline for the project, and (3) confirmation that CCHC/CCHN's CEO is in total agreement with and committed to what NFP will present to the Committee.

Ms. Cormier said she reviewed the presentation and said CCHC came up with a limited network for its own employees and having received good results, now is confident to offer it to others. She said they are proposing a rate hold of 2-3 years, with Tufts Health Plan as the carrier. She said that CCHC would self-fund the plan and would provide guaranteed rates to CCMHG as with a fully insured plan. Ms. Cormier said the plan proposed is a tiered network product with 2-tiers. She said Tier 1 would be the Cape Cod HealthCare Network and would have the lower co-pays. She said she needs to have the networks better clarified. Ms. Cormier reviewed the timeline provided by NFP.

Denise Coleman asked about a possible cap on increases following the 2 or 3-year contract and to see a claims report.

Bill Hickey said the law doesn't allow a 3-year rate contract on a fully insured health plan, but that the plan being proposed would actually be self-funded, i.e. self-funded by CCHC, so the prohibition on multiple year rates would not apply. He said the data request received may not be available until late May and may not be all of the data requested.

Chris Clark said he has a concern of diluting the current health plans offered and having to negotiate out a plan if it doesn't work out.

Skip Finnell asked Ms. Cormier to invite NFP to the May 24th Steering Committee Meeting.

Health Plan reports:

There were no health plan reports.

Other Business:

There was no other business

Christopher Clark moved to adjourn.

Motion

Erin Orcutt seconded the motion. The motion was approved by unanimous vote.

Skip Finnell adjourned the meeting at 12:40 PM.