

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

Steering Committee Meeting
Friday, April 13, 2018 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 Friday, April 13, 2018 at 10:30 AM at 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
Denise Coleman	Town of Falmouth
Debra Blanchette	Town of Barnstable
Christopher Clark	Town of Harwich
Erin Orcutt	Cape Cod Regional THS

Guests Present:

Garbrielle Pitcher	Blue Cross Blue Shield of MA (BCBS)
Fred Winer	Tufts Health Plan
Carol Cormier	Group Benefits Strategies (GBS)
Chris Nunnally	Group Benefits Strategies (GBS)

Skip Finnell, Steering Committee Chair, called the meeting to order at 9:10 AM.

Approval of minutes of the March 23, 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:

The Treasurer was not able to attend the meeting. There was no report.

Deb Blanchette said that there will be an Investment Committee meeting on April 23rd at Cape Cod Technical High School.

Information about firms that market benefit programs:

Chris Nunnally, Group Benefits Strategies, reviewed customized enrollment and marketing services and prices provided by three firms: Castlight, Alex (Jellyvision), and Patient Advocates.

Noreen Mavro-Flanders said that these firms sound interesting but that she was looking to hear about firms that just did traditional marketing.

It was agreed that Chris Nunnally would look into advertising agencies and some sources of information about such agencies on the Cape were mentioned.

Eric Diamond said that he thinks February is an ideal time to roll out new programs. He agreed to provide contact information for the Fire Fighters unions and said he would try to get this information for the Police unions as well.

Chris Clark said the advertising agency should let the employees know what CCMHG is. He said that he has been surprised that employees are not familiar with the joint purchase group.

Carol Cormier said that Mr. Clark’s point is an important one. She said that promotional materials will be branded with CCMHG and not town or district name so the first step is to make sure employees know that CCMHG is their health benefits purchasing group.

Ms. Cormier said that the telehealth company that CCMHG is considering has a very good marketing program with co-branded materials. She said she does not think that the CCMHG would have to wait to engage a marketing firm before adding the telehealth program.
months.

Eric Diamond said that the Harwich health fiards were poorly attended and that the employees need someone to whom they can address questions.

There was a discussion about making sure employees understand their options and the programs.

Dental plan eligibility:

Carol Cormier reviewed information that Nina Conroy, Delta Dental Account Executive, provided. She said that Ms. Conroy said that the cost impact on claims of increasing dependent eligiblity age to the 26th birthday would be +3%. She reviewed savings reports provided by Ms. Conroy.

Chris Clark said he favors increasing dependent eligibility to age 26, which is the same as the eligibility for the health plans. He said he also favors issuing an RFP for dental plan administrative services for FY20.

There was a discussion.

Chris Clark moved to recommend to the Board the age limit for dental plan eligibility be increased to the 26th birthday to be effective for FY20.

Motion

Deb Blanchette seconded the motion. The motion passed by unanimous vote.

Chris Clark moved to have GBS put together a timeline and RFP to competitively bid dental coverage for FY20, effective 7/1/19.

Denise Coleman seconded the motion.

Carol Cormier noted that since the CCMHG’s dental plans are self-funded, the proposals would be for administrative services only.

The motion passed by unanimous vote.

Chris Nunnally requested that the agenda item “ GBS - High Performance Health Plans” be addressed at this time.

Chair Skip Finnell agreed to the request.

High Performance Health Plans- GBS reports:

Chris Nunnally reviewed a report on ROI for four programs proposed by GBS. These programs were a non-embedded telemedicine program MyTelemedicine/Access A Doctor, RN Cancer Guides which is a professional oncology nursing navigator service, Prescription Drug Carveout, and Omada which is a behavioral modification program targeting pre-diabetics.

The Committee requested GBS to invite someone from RN Cancer Guides to a future CCMHG meeting.

MyTelemedicine/Access A Doctor:

Chris Nunnally said that iSelectMD changed its name to MyTelemedicine with a mobile applications called Access A Doctor. He reviewed highlights of the program.

Carol Cormier pointed out that the program being proposed is paid on a per subscriber per month basis and that there will be no claims.

Jeff Beane, regional representative for MyTelemedicine/Access A Doctor, reviewed additional program features. He said the company has an average utilization of 14%. He said that the price to CCMHG will be \$1.90 per subscriber per month and that this would include Behavioral Health. He said MyTelemedicine removed the Behavioral Health consult fee that had originally been proposed. He said that the App can be used in English or Spanish. He said the fee would be good up to a 20% utilization cap.

Mr. Beane reviewed MyTelemedicine’s employee engagement strategies.

Mr. Beane answered questions from the Committee members.

Skip Finnell asked if Medicare eligible retirees will be able to participate.

Mr. Beane said they would not and that Medicare is issuing an RFP for telehealth services to which his company will respond.

Deb Blanchette moved to recommend to the Board that it adopt MyTelemedicine/Access A Doctor subject to contract review.

Motion

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

Mr. Finnell asked that a MyTelemedicine representative be at the April 25th Board meeting to present the program. He said he would like this to be the only program from the High Performance Health Plans program to be discussed at the April Board meeting. He said that there is much information to absorb and the other programs will be addressed in time.

PBIRx:

Carol Cormier said that she submitted the proposed FY19 contract from PBIRx to Atty. Leo Peloquin for review. She said that she had sent his comments in an email and said the main concern was the Limits on Liability language applying to PBIRx. She reviewed Atty. Peloquin’s suggested language. She said the other item of concern was the lack of mutuality in indemnification. Ms. Cormier said that PBIRx has been agreeable to making requested contract changes to date.

There was a discussion and a consensus that the Committee would not consider the proposed contract for FY19 but would proceed to explore prescription drug carveouts for FY20.

Chris Clark moved to not enter into a contract with PBIRx for FY19.

Motion

Deb Blanchette seconded the motion. The motion passed by unanimous vote.

GBS Reports – Financial reports:

Carol Cormier reviewed the Funding Rate Analysis with data through March 2018. She said on a composite paid claims basis, the expense to funding ratio for the health plans was 90.1%. She said the expense to funding ratio for the dental plans was 92.3%.

Ms. Cormier reviewed the stop loss reports for FY18. She said that the excess claims to date were for 10 claimants and totaled \$2 million. She said there have been no reimbursements so far. She noted a claim for almost \$1.3 million and said that this has been identified as being the result of a motor accident and may qualify for funding other than through the CCMHG. She said the health plan is looking into this.

Ms. Cormier reviewed the FY17 stop loss report and said that there were 21 claimants with \$3.05 million in claims that exceeded the stop loss deductible. She said that over \$3 million has been paid to the group and that there was an over payment of about \$30,000 which can be applied to the FY18 policy period.

Harvard Pilgrim FY19 Level Monthly Deposit (LMD) proposal - Ms. Cormier said she put the Harvard Pilgrim request for the FY19 LMD in the packet. She said that it does not need to be addressed at this meeting.

Mr. Finnell noted that the requested amount seemed reasonable given claims history and suggested that the Committee accept the requested amount.

The Committee agreed to accept the proposed FY19 LMD amount of \$3,302,000.00.

Dependent Eligibility Audit:

Carol Cormier said that this topic was raised at the recent Benefits Administrators meeting and that there was interest in pursuing such an audit once again.

Erin Orcutt moved to discuss this topic at the next meeting.

Motion

Deb Blanchette seconded the motion. The motion passed by unanimous vote.

Cape Cod Health Care project:

Ms. Cormier said that representatives of NFP, CCHC’s consultant, agreed to attend and present at the May 24th Steering Committee meeting. She said that the health plans provided data requested by NFP.

Health Plan Reports:

Fred Winer, Tufts Health Plan Senior Products, said that the retirees may start getting the Medicare ID cards with the new ID numbers in May.

Garbrielle Pitcher. BCBSMA, reminded the Committee of its recent decision to go with a payment to PPO Out-of-Network providers that is 150% of what Medicare pays. She said this will go into effect on July 1, 2018.

Other Business:

There was no other business.

Chair Skip Finnell adjourned the meeting at about 11:40 AM.

*Minutes prepared by Carol Cormier
Group Benefits Strategies.*