

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

Steering Committee Meeting
Wednesday, April 25, 2018 9:00 AM
Barnstable Town Hall, Hyannis MA

MEETING MINUTES

A meeting of the Steering Committee of the Cape Cod Municipal Health Group (“CCMHG”) was held on Wednesday, April 25, 2018 at 9:00 AM at Barnstable Town Hall, Hyannis, 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
Susan Wallen	Nauset RSD

Guests Present:

Rich Bienvenue	CCMHG Treasurer
Michael Dalmau	Hyannis Fire District
Jody Hoffmann	Town of Provincetown
Jillian Douglass	Town of Chatham
Garbrielle Pitcher	Blue Cross Blue Shield of MA (BCBS)
Bill Hickey	Harvard Pilgrim Health Care (HPHC)
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 9:04 AM.

Approval of minutes of the April 13, 2018 meeting:

Noreen Mavro-Flanders moved approval of the April 13th Steering Committee meeting minutes.

Motion

Erin Orcutt seconded the motion. The motion passed by unanimous vote.

Treasurer’s Report:

Treasurer Rich Bienvenue, CPA reviewed the financial reports with data through February 2018 (unaudited figures). He reported an overall Fund Balance (Total Equity in Health and Dental funds) of \$28,194,804, up \$10.5 million from the same time last year. He said the Fund Balance for the “Trust Fund” (health plans only) was \$24,094,263 and that the Dental Fund Balance was \$4,100,541.

Mr. Bienvenue reviewed an exhibit he prepared listing the member Accounts Receivable balances and their dispositions. He said there are four units he is working on pursuing the balance due and one has been resolved. Mr. Bienvenue said he would like the Committee to approve writing off the remaining balance of

\$6,590.59. He noted that the three larger balances may have been addressed either by a GBS billing adjustment or been paid by the district.

Christopher Clark and Denise Coleman joined the meeting.

There was a discussion.

Erin Orcutt made a motion to approve the write-off of the \$6,590.59 as proposed by Mr. Bienvenue.

Motion

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

Marketing CCMHG and its programs - update:

Chris Nunnally, Group Benefits Strategies, said GBS is talking to four firms: Castlight, Alex (Jellyvision), Patient Advocates, and the Steamship Authority’s marketing firm. He said he will have more information at the next meeting.

Denise Coleman suggested adding the CCHC marketing firm to the list, and said she would provide the contact information to Mr. Nunnally.

Access a Doctor/MyTelemedicine – proposed contract:

Chris Nunnally said the contract is currently under legal review and said all of the changes GBS requested to date on behalf of CCMHG have been accepted by MyTelemedicine. Mr. Nunnally explained the transition from iSelectMD to MyTelemedicine. He said MyTelemedicine owns the network of physicians, and other companies are allowed to white label them. He explained that white labeling, fairly typical in this industry, is a marketing practice in which a product or service is produced by one company and then rebranded by another company to make it appear to be their own. He said the company moved to Access a Doctor, a new platform that doesn’t share the iSelect program. Mr. Nunnally said the MyTelemedicine Customer Service Department is based in Texas. He said MyTelemedicine is the parent company and Access a Doctor is the APP.

The Committee agreed to recommend to the Board to move forward with the program for a July 1, 2018 start date, contingent upon an acceptable contract.

PBIRx:

Carol Cormier said that she contacted David Sirowich, VP PBIRx, and let him know that CCMHG prefers postponing signing a contract for their services until FY20. She said GBS will move forward with obtaining the prescription drug pricing information from the health plans.

In response to a question, Chris Nunnally said he will find out if the PBIRx pricing will change from waiting until FY20. He noted that in a Rx Carve-out program, the Pharmacy Benefit Manager (PBM) sometimes picks up the PBIRx cost per prescription or per subscriber.

Chris Nunnally said he expects that the health plans will submit quotes to an RFP for an Rx carve-out program as well, which may be more cost effective.

Bill Hickey said that HPHC contracts with a PBM. He said PBIRx wanted to work together with the PBM for the benefit of CCMHG. He said HPHC will not respond to the RFP. He said its PBM will respond to the carving out of prescriptions. Mr. Hickey said HPHC will respond with a carve-in offer.

Chris Nunnally said the Board will need to vote by October to be able to put a package together if it plans to make changes to how prescription drugs are offered for FY20.

Dependent Eligibility Auditing:

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

Ms. Cormier said if the Board would like to do an independent audit across all the CCMHG units again, a timeframe will need to be decided on and an RFP will need to go out. She said HMS completed the last audit, and said she would find out an estimated cost to complete another one. Ms. Cormier said if the employers have been following the enrollment guidelines distributed following the audit, there shouldn't be as great a need. But, she added that if there were several staff turnovers, they may not be following those guidelines.

The Committee agreed to let the Board know they are looking into the possibility of doing another audit and will bring it to the Board at the July meeting.

Other Business:

Carol Cormier said all of the claims data was sent to NFP, the consultant for Cape Cod Health Care (CCHC), and said they should be ready to present to the Committee at the May 24th meeting.

Mike Dalmau asked about the CanaRx prescription drug program and the inability to use the program if a member is enrolled in the HSA Qualified Health Plan.

Carol Cormier said GBS, the health plan carriers and CanaRx are working to try to find a way to notify CanaRx when members meet their deductible.

Bill Hickey agreed and said HPHC and BCBS are both working to figure out a way to send this information to CanaRx.

Mr. Dalmau said he was disappointed and feels that the program was not fully vetted. He said this causes a negotiation issue as well.

Carol Cormier said in the interim, one solution may be utilization of the BCBS and HPHC preventative prescription drug lists, which are available at a copay and no deductible. She said there will be continued discussions about this until a resolution is found.

Karen Carpenter, noted that information about the CanaRx program and ineligibility of HSAQ members has been on the CCMHG website since last year.

There was no other business.

Chair Skip Finnell adjourned the meeting at about 9:50 AM.

*Minutes prepared by Karen Carpenter
Group Benefits Strategies*