



MINUTES OF THE CAPE COD MUNICIPAL HEALTH GROUP

Steering Committee Meeting
Wednesday, February 7, 2024, 9:00 AM

Mary Pat Flynn Conference Room
3195 Main St Barnstable MA 02630

MEETING MINUTES

A meeting of the Steering Committee of the Cape Cod Municipal Health Group (“CCMHG”) was held on February 7th, 2024 at 9:00 A.M. at the Mary Pat Flynn Conference Room 3195 Main St, Barnstable MA 02630,

Steering Committee members present:

Erin Orcutt, Steering Committee Chair
Robert Whritenour, Board Chair
Noreen Mavro-Flanders
Debra Blanchette
Susan Wallen
Laurie Barr
David Flynn
Michael Macmillan
TK Menesale

Cape Cod Regional Tech
Town of Yarmouth
Dukes County
Town of Barnstable
Nauset RSD
Town of Eastham
Dennis Yarmouth RSD
Monomoy RSD
Hyannis Fire

Guests Present:

Kathy Logue
Triva Emery
Caroline Burnham
Lauren McCallum
Sarah McCormick
Joseph Anderson
Karen Quinlivan
Caitlin Marron
Susy Holmes
John Snyder

Dukes County
CCMHG Wellness consultant (Vineyard)
Blue Cross Blue Shield of MA (BCBSMA)
Harvard Pilgrim Health Care
Delta Dental of MA
Gallagher Benefit Services Inc. (GBS)
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EyeMed
Barnstable County Retirement
Town of Tisbury

Erin Orcutt, Steering Committee Chair called the meeting to order at 9:06 A.M.



Ms. Orcutt asked for a roll call of Steering Committee members present. The following voting members were present:

Erin Orcutt, Steering Committee Chair	Cape Cod Regional Tech
Robert Whritenour, Board Chair	Town of Yarmouth
Noreen Mavro-Flanders	Dukes County
Deb Watson	Town of Barnstable
Susan Wallen	Nauset RSD
Laurie Barr	Town of Eastham
Michael Macmillan	Monomoy RSD
David Flynn	Dennis Yarmouth RSD
TK Menesale	Hyannis Fire

FY25 Active renewal proposals- vote:

Joe Anderson presented the additional scenarios requested by the Steering Committee at the previous meeting of 8%, 8.5% and 9%. The 8% scenario had a total funding requirement of \$162,021,404 and a trust fund impact of \$8,425,525. The 8.5% scenario had a funding requirement of \$162,768,094 and a trust impact of \$7,772,630. Finally the scenario of 9% had a funding requirement of \$163,514,783 and a trust impact of \$6,932,146. At the last meeting there was a request to project where the different scenarios would put the group in terms of net income on the financial statement. Rich Bienvenue calculated out the last five years and Michael MacMillan had a request for illustration of the highest and lowest scenarios. At a 13.6% increase, operating income would be negative by about \$270,000 but there is other income that is generated to the trust like interest and investments. An 8% increase would have a negative impact of \$8.6 million.

Michael MacMillan thanked Joe for the illustration and found it extremely helpful. Next year this should be referred to as a comparison of where the group thought it would be against where it ended up. The most striking thing to him was that BCBS claims costs have gone down in recent years but is projected to go up.

Joe Anderson had the same reaction but trend gets applied to not only the most recent 12 months but the previous as well. When that increases it drives up the claims projection.

Michael MacMillan asked about the current membership numbers and trend.

Joe Anderson said that the seniors have an upward bias and so does dental. Vision is stable. The active population stays relatively the same.

Susan Wallen said they had a significant drop in seniors and new hires taking insurance. The plans are becoming non affordable. More members are going into high deductible plans for the lower premium alone.

Joe Anderson said there is really no safe harbor for affordability. The change has gone down from over 9% down to 8% of income.

Susy Holmes asked if the plus one has been looked into.

Joe Anderson said the third tier is usually the empty nesters and tends to run hotter on claims with a lower funding rate. The individual and families tend to end up subsidizing those claims and the equity is not there. It has been looked at multiple times.

Erin Orcutt asked if the group had a sense of what it would be comfortable with.

Robert Whritenour said his is comfort level is at 8% and the others agreed. Actuarial analysis is an imperfect science and the market uncertainties has driven the calculation to be very conservative. The strategic plan to reduce fund balance has not played out over the last three years. With 8%, the balance will not grow and is still in a good spot. The Power band was increased for use for rate stabilization.

Bob Whritenour motioned to accept the 8% scenario increase with Master Health
Plus increasing 12%.

Motion

Laurie Barr seconded the motion.

The motion passed by unanimous consent.

Dental Enhancements:

The listing of available dental enhancements and the relative costs to the trust were reviewed.

Joe Anderson said that the current spend is \$6 million. There is 17.2% in annual claims against a \$9 million balance in the trust. If all enhancements were implemented, it would be an increase of \$1 million to the trust.

Bob Whritenour said that the idea of covering 100% of all out of network claims seems unwise. The patients would be happy but it might deter people from going in network.

Sarah McCormick said that there is work being done on the network may be pushed a step back.

Eliminating the bottom two items and including all the other would have a trust impact of \$700,000.

Debra Blanchette motioned to accept the first 7 enhancements of right start for kids, removing clinical review on crowns, white filling rider, implant rider, type 1 services not going towards annual max, adult fluoride, and the TMJ rider.

Motion

TK Menesale seconded the motion.

The motion passed by unanimous vote.

Susan Wallen said that with the health increase, the dental enhancements will go a long way towards helping the population.

Health Enhancements:

Lauren McCallum reviewed the HPHC Wellness Enhancement. The question is whether the Fitness Benefit should be enhanced to include additional covered services and whether the reimbursement should increase from \$150 for one person to \$300 for up to two people on a plan. In 2022 there were 175 reimbursements for \$26,000. In 2023 there were 201 reimbursements for \$ 29,000.

Michael MacMillan motioned to accept the change to Wellness instead of Fitness and the increase to a \$300 family reimbursement.

Motion

Debra Blanchette seconded the motion. The motion passed by unanimous consent.

Fertility benefits could be expanded to help support inclusive family building and those that don't meet the Mass. definition of infertile. Same sex couples, single parents etc. It would be a .37% increase in claims each year. It still requires medical review.



Erin Orcutt motioned to accept the Fertility Benefit.

Motion

Laurie Barr seconded the motion. The motion passed by unanimous consent.

Blue Cross reviewed the Sempre cost share program. There are 5 medications on the list that members are rewarded for filling their prescription on time. There is no cost for the program.

Fitness has the availability to add bicycles and helmets, athletic shoes. Sports activity fees to the included lists of items for reimbursement. The increased claims factors are 1.001% for 1 and 1.006% for all three.

Debra Blanchette motioned to accept the Sempre program and all three additional items on fitness.

Motion

Michael MacMillan seconded the motion. The motion passed by unanimous vote.

There was no other business.

Michael MacMillan motioned to adjourn

Laurie Barr seconded the motion.

Erin Orcutt, Board Chair adjourned the meeting by unanimous consent at 10:08 AM.

*Minutes prepared by Karen Quinlivan
Gallagher Benefit Services, Inc.*