

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

**Steering Committee Meeting**  
Tuesday, April 12, 2022, 9:00 AM

**Virtual Meeting by Remote Participation**

**MEETING NOTES**

*(meeting was not posted 48 hours before meeting time)*

A meeting of the Steering Committee of the Cape Cod Municipal Health Group (“CCMHG”) was held on April 12, 2022 at 9:00 AM. Attendance was by online remote participation. The following people attended the meeting:

**Steering Committee members present:**

A. Francis (“Skip”) Finnell, Steering Committee Chair	Dennis-Yarmouth RSD
Erin Orcutt, Board Vice-Chair	Cape Cod Reg. Tech. High School
Debra Blanchette	Town of Barnstable
Denise Coleman	Town of Falmouth
Susan Wallen	Nauset RSD
Elise Zarcaro	Town of Provincetown
Robert Whritenour	Town of Yarmouth
Beth Deck (alternate)	Cape Cod Collaborative

**Guests Present:**

Chris Myhre	Blue Cross Blue Shield of MA (BCBSMA)
Joan Yuen	Blue Cross Blue Shield of MA (BCBSMA)
Bill Hickey	Harvard Pilgrim Health Care (HPHC)
Bob Kademian, RPh	PBIRx
David Sirowich	PBIRx
Chris Collins	CanRx
Michael Hurley	Pinnacle Care Inc.
Carol Cormier	Gallagher Benefit Services, Inc. (GBS)
Joseph Anderson	Gallagher Benefit Services, Inc. (GBS)
Karen Quinlivan	Gallagher Benefit Services, Inc. (GBS)

Skip Finnell, Steering Committee Chair, called the meeting to order at 9:10 AM. He said that the meeting was being recorded and asked if there were any objections. There were none.

*Mr. Finnell said that due to the meeting notice not being posted in accordance with legally required posting times, there would be no official votes taken but information regarding the PillarRx Program and Pinnacle contract could be shared.*

**Presentation of the Pillar Rx Program:**

David Sirowich from PBIRx gave a brief introduction of the PillarRx program as it was presented in relation to the renewal of pharmacy benefit management services with the current carriers. Blue Cross has a coupon program for specialty meds that can save the group an additional \$1M. He introduced Chris Myhre and Joan Yuen from Blue Cross to talk about the program and touch upon any plan design changes and whether this could be offered to HSA-qualified High Deductible plan members without difficulty.

Joan Yuen said she structured the presentation to first review member experience and then would touch on savings as it is broken out in two forms.

Blue Cross Blue Shield is moving to CVS Caremark as its pharmacy benefit manager (PBM) as of 01/01/2023. This PillarRx program is coming with them. It is a Blue Cross Direct contact with PillarRx. If this is introduced for 07/01/2022, it is not going to disappear as of 01/01/2023. If this is adopted for 07/01, Blue Cross can help with any member communications letting members know that there is a program allowing them to take advantage of coupons leveraged by manufacturers. The implementation time-frame is 60 days. Within 30-45 days prior, all eligible members will receive a welcome letter. A week after the letter drops, PillarRx will make outbound calls to all eligible members. They make two to three attempts per week every single week to the go live date. The calls take 10 to 15 minutes and PillarRx basically confirms that the member is still taking the medication and whether the person is enrolled in the manufacturer's coupon program. Once all of that is confirmed, the member orders the medication the same way they always have through the specialty pharmacy they use. The member pays the designated copay of anywhere from \$0 to \$35 under the program. Once a year, PillarRx will call the member prior to the anniversary date to confirm the same information annually. If for whatever reason a person is not enrolled in a coupon program, the PillarRx Team can walk the member through how to do that. If the member does not enroll with PillarRx, they are charged 30% of the cost of the medication, but this can be retroactively adjusted if the member enrolls later.

PillarRx's total book of business exceeds Blue Cross's total book. They have less than 1% of members who don't enroll for whatever reason. Some of it has to do with the fact that they have secondary coverage somewhere else or they are not eligible. Medicare Primary-payer and Medicare secondary-payer members are not eligible. If a member did not enroll in the initial four-week contact period because they were on vacation or did not pick up the phone, they can retroactively enroll in the program. If a member has already paid the 30% of a prescription drug cost, they can retroactively enroll, the claim can be adjusted, and money reimbursed to the member. None of the specialty networks are changing when Blue Cross switches over to CVS in January. Everything will remain the same.

Carol Cormier asked about members over 65 who may still be on an active plan because they are working but signed up for Medicare part A. Would they be penalized and pay 30%?

Joan Yuen responded that as long as they are flagged as employed, they would not be penalized and would pay the normal co-pay. The 30% cost share impacts those who do not enroll in the program. A current report shows 163 specialty medication utilizers in CCMHG taking 46 unique medications. There are 180 medications that are targeted on the PillarRx drug list. Any drug not on the list will have members pay the normal co-pay under CCMHG plan design.

Dave Sirowich asked whether an SPD (Summary Plan Description) would need to be updated.

Joan Yuen said that clients usually just announce it as a cost share assistance program. It is a Rider program that impacts only a subset of members. Some have done a summary of material modification and sent out a letter at the same time so it is part of the SPD.

Dave Sirowich asked if HSA-qualified High Deductible plan members that are already enrolled in assistance programs will have the copay put towards out of pocket maximums.

Joan Yuen said that only the copay would go towards an out of pocket maximum. It is up to the client whether they want to offer it to the HSA-qualified plan population to the program. The current report shows only 10 members on the BCBS Saver programs for CCMHG.

Carol Cormier said that HSA-qualified plan enrollment is down from 7% several years ago to about 5%.

Dave Sirowich said that those members previously enrolled in an HSAQ plan had their out of pocket maximum met in the first few months of the plan year. The PillarRx program would adversely affect them.

Skip Finnell asked about the big chunk of savings for the Group. Who's paying that now?

Dave Sirowich said that the Group is paying the full price of the specialty meds right now. Members are using the coupons, but the group is not taking advantage of the savings in the manufacturer pay column mentioned. CCMHG is paying full price. There is a fee for the program. It is \$318,000. They charge 25% of what the savings is on a monthly basis. It is not billed in advance.

**PinnacleCare- contract and implementation plans:**

Carol Cormier said that the sub-committee that reviewed the contract might have something to say. It seems that the issues brought up in the requests for revisions have been addressed by Pinnacle perhaps not exactly as originally requested but fairly addressed. The contract was important because it will be the model for the other two joint purchase groups that are part of the MMRA and which are likely to adopt PinnacleCare.

Skip Finnell asked if there is a final version of the contract.

Ms. Cormier said that there needs to be a signature page created. She can send that out so that members can read it without the red lining.

A meeting invitation will be sent and posted for another Steering Committee meeting on Thursday April 14, 2022 at 4:00 PM.

Chair, Skip Finnell, adjourned the meeting at 10:11 AM .

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