

# MINUTES OF THE CAPE COD MUNICIPAL HEALTH GROUP

**Steering Committee Meeting**  
Wednesday, June 21, 2023, 9:00 AM

Barnstable County Offices  
HarborView 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 June 21st, 2023 at 9:00 a.m. at the Barnstable County offices at 3195 Main St Barnstable, MA 02630.

### **Steering Committee members present:**

Erin Orcutt, Steering Committee Chair  
Noreen Mavro-Flanders, Board Chair  
Michael MacMillan, Steering Committee Vice-Chair  
Debra Blanchette  
Laurie Barr  
David Flynn

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

### **Guests Present:**

Rich Bienvenue, CPA  
Deanna Desroches  
Caroline Burnham  
Molly Haggerty  
Lauren McCallum  
Fred Winer  
Jim Riley  
Bob Kademian  
Jamie Hanrahan

CCMHG Treasurer  
CCMHG Wellness Consultant ( Mainland)  
Blue Cross Blue Shield of MA (BCBSMA)  
Blue Cross Blue Shield of MA (BCBSMA)  
Harvard Pilgrim Health Care  
Tufts Health Plan  
CanaRx  
PBIRx  
Firefly Health

Joseph Anderson  
Karen Quinlivan

Gallagher Benefit Services, Inc. (GBS)  
Gallagher Benefit Services Inc. (GBS)

Erin Orcutt, Steering Committee Chair, called the meeting to order at 9:06 a.m. She said that the meeting was being recorded and asked if there were any objections. There were none.

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

Erin Orcutt, Steering Committee Chair	Cape Cod Regional Tech
Noreen Mavro-Flanders, Board Chair	Dukes County
Debra Blanchette	Town of Barnstable
Michael MacMillan, Steering Vice-Chair	Monomoy RSD
Dave Flynn	Dennis Yarmouth RSD
Laurie Barr	Town of Eastham

#### **Approval of Minutes of the May 24, 2023 Steering Committee Meeting:**

Motion

Michel MacMillan motioned to approve the minutes of May 24, 2023 as presented.

Dave Flynn seconded the motion.

There was a roll call vote.

Erin Orcutt	Yes
Noreen Mavro-Flanders	Yes
Michael MacMillan	Yes
Debra Blanchette	Yes
Laurie Barr	Yes
Dave Flynn	Yes

The motion passed by unanimous vote.

#### **Treasurers Report:**

Rich Bienvenue provided an overview of the financial position as of April 30, 2023, (unaudited figures). Fund balance at the end of April was \$42.6 M with current YTD earnings of \$1.5M. MMRA premium funding is increased from the prior year but there will be money coming back from the reconciliation of the FY21 period. The Dental Fund has a balance of \$8.2M and earning so far for the year of \$549,494.

#### **Health Engagement Update:**

Molly Haggerty, Health Engagement Strategist provided information requested at the last meeting that may shed light on modifiable risks that can be addressed through Wellness initiatives. Top conditions such as depression and behavioral health were huge coming out of the pandemic. As populations get older, things like inflammation, joint degeneration and more musculoskeletal conditions start to come into play. Some of those services did seem to be delayed during the pandemic. A spike now would bear that out. A top 25 conditions by Allowed amount report was reviewed as well.

Michael MacMillan said that this would indicate that more money should be put towards Wellness because so many conditions are related to behavior.

Ms. Haggerty said that you can put all the programming in place and have great resources but it is really up to the individual to take the step on their own journey. Having programs and incentives that Deanna is providing is creating a sense of community and culture of health. That can be as impactful as a gift card if people have an accountability buddy and a community connection by going to in person events.

Deanna Desroches said that they will have a new platform starting July 1<sup>st</sup>. It will be more user friendly with an app that should drive more people to the programs.

Michael MacMillan thanked Molly for providing really useful data and asked if Fitness trackers would be a good item to pursue. He read that they are more effective at keeping people moving than a gym membership.

Deanna Desroches said it has been done in the past with walking challenges and half of the people completed the challenge.

Obesity drugs were discussed as well.

Bob Kademian from PBIRx said that the cost has exploded. Only 27% of the people taking them meet criteria after 3 months to continue or they don't bother applying. Side effects are a real problem as well. Like anything, behavioral change has to go along with it.

#### Firefly Presentation:

Jamie Hanrahan and Michael Birnberg were present to present information regarding the virtual PCP option with Blue Cross through Firefly Health. Mr. Birnberg said Firefly is a virtual primary care option founded in 2017 by two Massachusetts physicians. The intent was to engage with patients outside of the standard annual physical to address their needs.

Virtual first meeting is an app that members can chat and do video visits. It is the primary way to interact with a care team. If there is a need to do an in person exam, see a specialist there is a team of folks to navigate as needed. The team available to members consists of nurse practitioners, member guides, behavioral health specialists to ensure questions and needs are met. With the shortage of primary care options these days, people are waiting months to get an initial appointment if they can find a provider at all. Firefly can accommodate a visit within three days. Various schedules can also be accommodated and they take care of referrals to coordinate care. The program is available now and they would like to partner to promote it on Cape Cod.

Jamie Hanrahan explained that when a person signs up they get to scroll through the different care teams to see what their focus and history is. There is no cap on the number of visits that a person may have. Those that have chronic conditions such as high blood pressure will have a blood pressure monitor sent to their home to send reading in. Right now there are about 1500 members per care team. Most of the team is Massachusetts based, but they are available in all 50 states. Recommendations for in-person care would be provided to members with five doctors and three different options. For more emergent needs there are partnerships across Massachusetts and calls can be placed to get someone seen within an earlier time frame. Relationships are established with LabCorp and Quest for blood work as well as Minute clinics.

Noreen Mavro-Flanders asked about the network available for the Cape.

Ms. Hanrahan said that they use the BCBS and HPHC networks. Right now the service is available for those 18 and older. They would be happy to partner with groups to provide materials, presentations or anything needed to promote the program.

### GBS Reports:

Joseph Anderson said the most recent FY23 Funding Rate Analysis (FRA) report can't be provided because of the missing Harvard Pilgrim claims data. Rich Bienvenue had the most up to date numbers. What Gallagher anticipates is going to happen is that over the coming month or two Harvard data will come in as they process the backlog of claims. The other piece is pent up demand. The stop loss renewal was calculated at 10% at rating renewal based on industry trends. The actual renewal came in at 6.8%, which is good news. The projection for claims up to \$1M was 4.8% and those over \$1M was 14%. That is more reflective of national trends especially with high cost specialty drugs increasing. There was also about \$900M left over from the FY21 policy year and that will come back to the group.

Noreen Mavro-Flanders encouraged others to start attending MMRA meetings and understand the focus and function of the reinsurance arrangement. Meetings are usually four times a year and have been virtual for some time since the pandemic.

Karen Quinlivan reviewed the FY24 Gallagher Invoice and Roster Agreement which runs from 07/01/2023 to 06/30/2024. It allows member units to download invoices and rosters from the Gallagher secure portal. The charge is \$162 per member unit or \$8586 annually. There is no fee increase from the prior year.

### Motion

Michel MacMillan motioned to approve the FY24 Invoice and Roster Agreement as presented.

Dave Flynn seconded the motion.

There was a roll call vote.

Erin Orcutt	Yes
Noreen Mavro-Flanders	Yes
Michael MacMillan	Yes
Debra Blanchette	Yes
Laurie Barr	Yes
Dave Flynn	Yes

The motion passed by unanimous vote.

### Wellness Report:

Deanna Desroches provided her current Wellness report. The long-term investment strategies workshop was held virtually on June 13<sup>th</sup>. The next one will concentrate on first time home buying tools and strategies on September 12<sup>th</sup>. It will be a hybrid workshop broadcast from Cape Cod 5 headquarters in Hyannis. There will be an exploring senior care options workshop in August. A workshop in health boundaries will be held on trying to establish professional and home boundaries. The walking programs are ending this week. For Saturday mornings. Tuesday/Thursday walks will begin on June 27<sup>th</sup> and run through August 10<sup>th</sup>. The fall hiking series will be back in September. The summer challenge will be an activity based challenge where members are asked to log an average of 150 minutes of exercise each week. There are 801 members on the Wellness portal and 142 health assessments have been completed. The Spring Steps Challenge ended with 84% completing the challenge. They walked over 13,000 miles over a six week period. Pickleball ended on May 24<sup>th</sup> and another session will be offered in the fall. Stress reduction programs will continue and Yoga for first responders and veterans will begin again in the fall.

One item regarding the wellness portal that came up was that they require another unique identifier for each individual. The member ID and DOB are there but they want a third. If socials are not used then another item needs to be used. Discussion indicated an assigned number may be used.

### **PBIRx Report:**

Bob Kademian, RPh provided reporting through the month of April. He said the combined estimated per member per month prescription drug costs, including Rx rebates, were \$169.51 last year and \$185.42 this year. The increase was 9.39%. Traditional drug costs were up 13.86%, while specialty med costs were up 7.20%. This data only includes Blue Cross because Harvard Pilgrim was down. Biosimilars are on the horizon for Stelara and are already out for Humira. Potential cost savings could be very large.

### **Industry Update:**

Joseph Anderson reviewed a report produced by the Massachusetts Health Policy Commission that illustrated the national context and affordability implications of Massachusetts trends. In 2006 Massachusetts was one of the first states in the country to have the equivalent of universal healthcare. In 2021 the overall rate of spending in Massachusetts was slightly below the national rate and the percentage of residents with commercial health insurance declined from 62.8% to 58.4%. On an enrollee basis, commercial spending grew nearly 5% per year from 2019 to 2021 compared to 3% for Medicare enrollees and a 1% decline for Massachusetts enrollees. Growth was driven by price increases and increased utilization. Spending on prescription drugs and hospital outpatient services grew faster than the national average. Hospital outpatient spending in Mass is 31% above the national average and those services on the Cape are the highest in the state. Cape Cod Health Systems offloaded lab services to LabCorp or Quest for a low cost model. Payers paid some hospitals 100% more for physician-administered drugs than the hospitals cost to buy the drugs. National commercial hospital process rose markedly in 2022. The percentage of those enrolled in high deductible plans has increased from 16% to 43% from 2013 to 2021. Annual premium increases have averaged 6-8% in recent years. The percentage of residents putting off medical care due to cost reached an all-time high of 38% in 2022. Premium growth has outpaced wage growth and out of pocket spending has doubled. The average out of pocket spending for a family in Mass. approached \$25,000 in 2021. Contributions to deductible for Cape members help with those costs.

### **Health and Vendor Reports:**

HPHC - Lauren McCallum said that the temporary ID process has been suspended and they are able to enroll members with permanent ID numbers again. The portal is up and running. Claims are being processed and daily

limits on amount that can be processed in one day have been lifted to get through the backlog. File feed will be reestablished with vendors such as Health Equity. Notices to members started on June 15<sup>th</sup> offering free credit monitoring. Prior authorization and utilization management policies will be restored in mid-July. Mental Health rollout has been delayed until October. In April HPHC was notified about an annual surcharge for Behavioral health access. Once systems are restored HPHC will be letting clients know about their share on the funding statement.

BCBS – Carli Burnham said that Blue Cross is hosting a webinar on high deductible plans on June 27<sup>th</sup> from 10-11 if anyone is interested.

Tufts– Fred Winer said that everything is going well for the senior plans.

CanaRx – Jim Riley said that savings through May were \$165,727 with a monthly average of \$33,145. Postcard campaigns are going well with 28 new members enrolled after the first campaign at the beginning of the year, They are also finalizing a presentation tailored towards benefit administrators. If any municipality wants to have anyone attend a webinar they would be happy to schedule them,

#### **Other Business:**

The next Steering Committee Meeting was set for 9 a.m. on June 26th, Mary Pat Flynn Conference Room.

There was no other business.

Michael MacMillan motioned to adjourn the meeting.

Dave Flynn seconded the motion. .

Motion

Chair, Erin Orcutt, adjourned the meeting by unanimous consent at 11:23 AM.

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