

MINUTES OF THE CAPE COD MUNICIPAL HEALTH GROUP

Steering Committee Meeting
Wednesday, December 6, 2023, 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 December 6th, 2023 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
Noreen Mavro-Flanders, Board Chair
Robert Whritenour
Debra Blanchette
Susan Wallen
Laurie Barr
David Flynn
Michael Macmillan
Megan Downey

Cape Cod Regional Tech
Duke County
Town of Yarmouth
Town of Barnstable
Nauset RSD
Town of Eastham
Dennis Yarmouth RSD
Monomoy RSD
Town of Chatham

Guests Present:

Rich Bienvenue, CPA
Eric Diamond
Susy Bento Holmes
Kathy Logue
Deanna Desroches
Caroline Burnham
Shawn Fopiano
Hang Dao
Lauren McCallum
Dennis Haglund
Sarah McCormick
Joseph Anderson
Karen Quinlivan

CCMHG Treasurer
Harwich Fire
Barnstable County Retirement
Dukes County
CCMHG Wellness consultant (Mainland)
Blue Cross Blue Shield of MA (BCBSMA)
Blue Cross Blue Shield of MA
Blue Cross Blue Shield of MA
Harvard Pilgrim Health Care
Delta Dental of MA
Delta Dental of MA
Gallagher Benefit Services Inc. (GBS)
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Erin Orcutt, Steering Committee Chair called the meeting to order at 9:17 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
Noreen Mavro-Flanders, Board Chair	Dukes County
Bob Whritenour	Town of Yarmouth
Deb Watson	Town of Barnstable
Susan Wallen	Nauset RSD
Laurie Barr	Town of Eastham
Michael Macmillan	Monomoy RSD
David Flynn	Dennis Yarmouth RSD
Megan Downey	Town of Chatham

Approval of Minutes of the October 25, 2023 Steering Committee Meeting:

Motion

Michael Macmillan motioned to approve the minutes of October 25, 2023

with correction for Deb Blanchette on the voting list.

Susan Wallen seconded the motion. There was a roll call vote.

Erin Orcutt, Steering Committee Chair	yes
Noreen Mavro-Flanders, Board Chair	yes
Bob Whritenour	yes
Deb Watson	yes
Susan Wallen	yes
Laurie Barr	yes
Michael Macmillan	yes
David Flynn	yes
Megan Downey	yes

The motion passed by unanimous vote

BCBS Informatics Report:

Caroline Burnham introduced the members of the Blue Cross team that were presenting the informatics report on the CCMHG population. The report covered the prior 2 years of data and the current year through June 30, 2023. Claims data was reported on an incurred basis, paid through 09/30/2023. The benchmark is the Blue Cross municipal and labor book for business. It excludes accounts without BCBSMA pharmacy benefit. Benchmarks displayed are based on current year data. Plan performance at a glance showed that 57% of adults had a well visit compared to benchmark of 55%. Cancer screenings were also above benchmark. Members with claims of over \$150,000 were at 23%. This was down from 25% the prior period and above benchmark at 19%. Single source brand name drugs were 29% of costs and above benchmark of 24%. Cardio metabolic conditions were prevalent in 33% of the population. Prevalence was below benchmark. The obesity rate rose on the current period with new GLP1 drugs available for weight loss. Behavioral health has 31% utilization. Rates were even

with benchmark except substance use disorder which was lower. Use of outpatient visits was below benchmark while admissions were at a 3 year high. The overall PMPM was stable with the rise in pharmacy cost offset by the fall in medical PMPM. Use of the top cost medical services were like or below benchmark. The PMPM pharmacy increase was driven by single source brand and specialty drugs. Specialty drugs for anti-inflammatory, dermatological and anti –neoplastic as well as brand name drugs for diabetes and obesity contributed to the cost increase. The prevalence of inflammatory conditions were above benchmarks and the prevalence rates and medical pharmacy and pharmacy costs heavily impacted PMPMs for these conditions. The pharmacy cost share assistance program has had a positive impact for the group with net savings of \$847,837 from November Of 2022 to August of 2023. Emergency and urgent care use were above benchmarks. Use of urgent care facilities declined while ER use rose in the current period.

Kathy Logue mentioned that there are really not urgent care options on island.

Eric Diamond of Harwich Fire mentioned that member can go to an urgent care facility but then be transported to the ER and questioned whether those are included in benchmark.

Medicare virtual care was above benchmark but below for behavioral health. There was little change in the overall use of medical and behavioral health office visits in the current period. Cancer screening and well visit rates were above benchmarks and the use of fitness and weight loss reimbursements improved but remained lower than the benchmarks. Well visit rates were above benchmark and vaccinations were at or slightly below benchmark. Fitness and weight loss benefit reimbursements were below benchmark. The prevalence of metabolic conditions appear better than benchmarks based on several metrics. Subscribers and spouses had a similar percentage of members with the disease and both contributed to the rise in obesity. Obesity increased in prevalence by 19% and 83% in cost. Hypertension is slightly above benchmark as well as coronary artery disease. Behavioral health showed 31% with the condition. Depression was the highest cost condition overall. Inpatient behavioral health admissions were above benchmark. Joint degeneration was the top cost condition over a three year period. Spouses had a higher prevalence than subscribers. The rate was 14% of members which was above benchmark and 22% had an outpatient surgery. High cost cases were related to cancer, high cost pharmacy and musculoskeletal disease. Proposed recommendations would be to have quarterly mailings to promote ahealthyme programming and other key wellness topics such as care management engagement, behavioral health, My Blue resources and fitness and weight loss reimbursements. Promotion of the virtual primary care providers may address considerations member shave with traditional PCP's, appointment availability and convenience. Well Connection could be considered as a benefit to provide virtual acute care services for medical or mental health needs. Hinge Health is a digital musculoskeletal health service that focuses on chronic back and joint pain. This program goes beyond physical therapy. Learn to Live is a confidential self-directed program that offers tools and educational resources built on evidence- based principles of cognitive behavioral therapy for employees and family members over 13 years of age. Firefly and Carbon Health has made a presentation but can come out to individual units if they would benefit from more direct presentations. My Blue can help for behavioral health by allowing members to take a health needs assessment and get a personalized list of recommended providers. Team Blue can help members find an in-person provider. Pharmacy management programs that the group currently has will become a buy-in program as of 07/01/2024. The pharmacy advisor targets members at risk for non-adherence. Drug savings review makes recommendations to prescribers on medication optimization and savings. Medical cost avoidance provides individual interventions to close gaps in care. Sempre Health Medication program has five medication currently on a list with rewarding members with a discount for filling select chronic condition medications consistently and on time. Well Connection offers employees 24/7 online care options with live video visits and care after hours and away from home. It includes medical and mental health care as well as prescriptions.

Michael MacMillan said that the presentation was helpful and it would probably be beneficial to consider adding several of the programs that are offered.

Bob Whritenour said that the Cape population appeared to be performing poorer than benchmark and questioned why since there appeared to be an outdoor appreciation on the Cape.

Megan Downey asked if there could be a cost saving analysis that other groups may have experienced.

Michael MacMillan said that rates of incidents are higher and hospital costs are higher on the Cape as well.

Bob Kademian said that the average member is two years older than the average population.

Kathy Logue said that add ons are found confusing by the members and encouraged them to be folded in instead of being separate.

Deanna Desroches said that the monthly meetings that will be held online will be helpful if the vendors attend and educate.

Discussion was that Learn to Live might be a program to investigate as well as Sempre Health. Well Connection could help with 24/7 virtual care instead of MyTelemedicine which has no engagement. Engagement is key for all programs.

Treasurers Report:

Rich Bienvenue provided an overview of the financial position as of September 30, 2023 (unaudited figures). The fund balance at the end of September was \$40.3 M, with current YTD loss of \$3.5M. Basically with adjustments a break even period. IBNR has been carried through to FY24. The audit is nearing completion with the balance for dental the final piece for the audit. IBNR will be calculated for dental which has not been done in the past.

GBS Reports:

Joseph Anderson reviewed the FY24 Funding Rate Analysis (FRA) report with data through October 31, 2023 (paid claims basis). The composite expense-to-funding ratio was 107.9%. The estimated Funding deficit was \$4,227,743. Harvard Pilgrim has those claims numbers that came through this year for those encounters that actually incurred in the prior fiscal year. Dental is running at 92% with an expense-to-funding surplus of \$173,959.

4Karen Quinlivan reviewed the stop loss for the FY23 policy period through October 2023. There were 12 claimants with total claims in excess of the \$400K specific deductible of \$1,993,350.49. Total reimbursements of \$791,371.24 have been received to date, with an outstanding amount due of \$1,201,979.25. She said there are 49 claimants on the 50% Report with claims totaling \$13,030,854.25. For the FY24 period through October, there were 2 members in excess of the specific deductible with claims of \$ 124,794.06. There have been no reimbursements received yet. There were 3 claimants at 50% with updated paid claims of \$934,112.76

Delta Dental Review and Discussion:

Dennis Haglund and Sarah McCormick introduced themselves. They are committed to the partnership pf over 20 years. They addressed the fact that members are having problems accessing the network. They said that it is a problem nationally. During COVID many providers were closed. The whole experience of going to the dentist became more expensive. Some providers are saying that they will no longer deal with insurance companies. Staffing issues contribute to those decisions as well. If a member sees a provider who no longer participates, the

member pays the provider and Delta reimburses the member. Many don't know how to navigate the claims submission process. A one page flyer is close to completion for step by step instructions to help members with this process. Analysis of the last five years shows in network utilization has actually increased each year to 84% in 2023. There are 158 providers that practice in 197 unique locations.

Erin Orcutt said that the access is only one issue. The other is that if Delta is only reimbursing what the plan would pay and, the member is paying a higher rate to the dentist that is not getting reimbursed in full. It makes it cost prohibitive to have dental if a local provider can't be found.

Susan Wallen said that both the members and the dentists are unhappy. Reimbursements are very slow. She is hard pressed to recommend dental. Members might be better off putting money in an HSA. Dentists are saying that they don't have the confidence in Delta even if the group were to switch back from the PPO.

Dennis Haglund said that the members won't get discounts if that is the case.

Erin Orcutt said that the problem is that folks can't find a provider.

Further study can be done on providers that are or aren't accepting new patients. Mobile access to dental care may also be an option to be explored. Coverages prior to renewal can also be reviewed. A network change to another network other than the PPO may impact discounts. A cost benefit analysis may be warranted on the varying networks.

Kathy Logue said that there are no dentists on the island and basically none submit claims for members. Off island options would take a whole day plus transportation.

Michael MacMillan asked if the number of providers on the Cape has gone down in recent years.

Delta would check on that and get back. The commitment is to make things right for the Cape.

Joe Anderson said that the Cape is very engaged and the ongoing presence and education that can be brought to the table will be helpful to understand the situation and communicate to the members. A specific study of the island may be warranted as well.

Noreen Mavro-Flanders asked how many dentists have left.

Delta will find that number out.

Kathy Logue asked when the last RFP was done for dental.

Karen Quinlivan said it was 2018 or 2019.

Bob Whritenour said that the impression is that negotiated amounts that are paid to providers is unrealistic. The BCBS informatics report compared the Cape to other geographic areas. Is the geographic area a point of friction with higher costs on the Cape?

Dennis Haglund said it could be evaluated.

Bob Whritenour said Delta has always been the gold standard but there needs to be a conversation on the mechanics of the program.

Wellness Reports:

Deanna Desroches said that the end of life financial planning workshop has 34 registered members. Walking is continuing at Hyannis Youth and Community Center. Intro to HIIT is a great addition to the pilot programs in Yarmmouth. Line dancing, Zumba and ballroom dancing will be offered. There will be 15 programs offered in 4

different locations. Quantum healing is a workshop that explores how thoughts, beliefs and attitudes affect how we experience illness and health. Nutrition sessions are ongoing as well as stress reduction.

Triva Emery was unable to attend but her report for the Vineyard was included in the packet.

PBIRx:

Bob Kademian, RPh provided reporting through the month of October. He said the combined costs have gone up. Specialty drugs as well as weight loss drugs have had a significant impact. Wegovy and other weight loss drugs are now in the top three costs. Rebates will be large for Wegovy. Humira is still giving rebates to make it comparable to the biosimilars that are out there.

Joe Anderson said that both HPHC and Blue Cross are using over 12% on trend for drug costs for renewal.

Carrier and vendor updates:

CanaRx-

Jim Riley said that the savings through October were \$377,161.77. Average employee savings is \$125 per script. Online enrollment has been successful and numbers are increasing. For 2024 benefit administrator education and the beginning of texting. From a marketing perspective it may help.

HPHC- Lauren McCallum said that HPHC will be offering a dental benefit in the coming plan year. They would appreciate consideration if a review is being done. They also offer Doctor on Demand with 24/7 virtual care and behavioral health. The benefit can be customized to the Cape for utilization.

BCBS- Caroline Burnham said that BCBS had a data security incident that effected some members. A file transfer program called Move It was used by a vendor named Nasco that provided back end support for claims. They were compromised, not Blue Cross. Names, demographic info and claims ID info may have been accessed. There will be notification sent to members affected and credit monitoring offered.

Other Business:

There was no other business.

Michael MacMillan, Vice Chair adjourned the meeting by unanimous consent at 11:35 AM.

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