



# MINUTES OF THE CAPE COD MUNICIPAL HEALTH GROUP

**Steering Committee Meeting**  
Wednesday, December 10, 2025, 9:00 AM

By virtual participation

A meeting of the Steering Committee of the Cape Cod Municipal Health Group (CCMHG) was held on December 10, 2025, at 9:00 A.M.

**Steering Committee members present:**

Erin Orcutt, Steering Committee Chair  
Michael MacMillan, Steering Vice Chair  
Laurie Barr  
Deb Watson  
Susan Wallen  
TK Menesale  
Robert Whritenour  
Justyna Marczak  
Beth Kaeka  
Kathy Logue  
Gareth Markwell

Cape Cod Reg. Tech.  
Monomoy RSD  
Town of Eastham  
Town of Barnstable  
Nauset RSD  
Hyannis Fire District  
Town of Yarmouth  
Barnstable County  
Dukes County  
Dukes County  
Town of Barnstable

**Guests Present:**

Rich Bienvenue  
Triva Emery  
Molly Stevens  
Elaine Graves  
Nadia Rife  
Lisa Vitale  
Robert Sanborn  
Bob Kademian  
Marc Shapiro  
Angela Madeiros  
Sarah McCormick  
Cheryl Begnal  
Carli Burnham  
Lauren McCallum

CCMHG Treasurer  
Vineyard Wellness Coordinator  
COMM Fire  
Dukes County Retirement  
Town of Edgartown  
Town of Brewster  
Cape Cod Reg Tech  
PBIRx  
PBIRx  
PBIRx  
Delta Dental  
Tufts Health Plan  
Blue Cross Blue Shield of MA (BCBS)  
Harvard Pilgrim



Patty Joyce  
Caitlin Marron  
Jim Riley  
Joseph Anderson  
Patrick Flattery  
Karen Quinlivan

Abacus Health Solutions Inc.  
Eye Med  
CanaRx  
Gallagher Benefit Services Inc. (GBS)  
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Erin Orcutt, Steering Committee Chair, called the meeting to order at 9:02 A.M.

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

Erin Orcutt	Cape Cod Reg Tech
Michael MacMillan	Monomoy RSD.
Laurie Barr	Town of Eastham
Deb Watson	Town of Barnstable
Bob Whritenour	Town of Yarmouth
Susan Wallen	Nauset RSD
Justyna Marczak	Barnstable County
TK Menesale	Hyannis Fire District
Kathy Logue	Dukes County
Beth Kaeka	Dukes County
Gareth Markwell	Town of Barnstable

**Approval of the minutes of November 12, 2025, Steering Committee Meeting:**

Kathy Logue motioned to approve the minutes of November 12, 2025, with corrections on the voting order on minutes and spelling.

Motion

Deb Watson seconded the motion

There was a roll call vote.

Erin Orcutt	Yes
Michael MacMillan	Yes
Justyna Marczak	Yes
Laurie Barr	Yes
TK Menesale	Yes
Susan Wallen	Yes
Bob Whritenour	Yes
Kathy Logue	Yes
Beth Kaeka	Yes
Deb Watson	Yes



The motion passed by unanimous consent.

## **Wellness Reports:**

Deanna Desroches was unable to attend the meeting, but her report was included in the packet for review.

Triva Emery gave the report for the Vineyard. The water aerobics class has been great, and the instructor agreed to finish the year free of charge. That will be handed over to members taking the class and they can pay out of pocket. Yoga programming has been highly successful with a prenatal yoga workshop that was well received. There will be women's health series with a monthly focus on perimenopause and menopausal women. There will be an introductory Cross Fit class for that age group during January. The winter CSA giveaways will continue along with nutrition programming.

## **Treasurers Report:**

Treasurer Richard Bienvenue, CPA, could not attend the meeting but said he would have a report through October by the end of the week.

## **GBS Reports:**

Joseph Anderson reviewed the FY26 Funding Rate Analysis (FRA) report with data through October 31, 2025 (paid claims basis). The composite expense-to-funding ratio was 94.2% with a surplus of \$ 3,602,850. That did include prescription rebates of about \$3.3 million. The renewal calculation will incorporate data through December. Carriers do not include rebates in their calculation. There will also be a review of the relative performance of each of the plans. It will include rebates on relative size so there will be many moving parts. The intent will be to not introduce all of that on the 29<sup>th</sup> of January but get it out beforehand in case there is additional analysis to be done. Dental is running at 106.7% with a deficit of \$152,213.

Karen Quinlivan reviewed the stop loss for the FY25 policy period through October 30, 2025. There were 19 claimants with total claims in excess of the \$400K specific deductible of \$4,403,824.10. Total reimbursements of \$706,798.18 have been received to date, with an amount due of \$3,695,025.92. She said there are 65 claimants on the 50% report with claims totaling \$19,347,097.53. For the FY26 period through October, there were no members with total claims in excess of the \$400K specific deductible, or at 50%.

## **BCBS Blue Analytics Report:**

Joe Anderson said that on page 4 of the report, there is a definite age differential that exists in the municipal world where there are a lot of older employees. Dependents are older as well. When there is age, there are chronic conditions. Through June of 2025 chronic conditions are up post COVID. That will be illustrated when contrasted with benchmarks so keep that in mind.

Carli Burnham said that data reviewed is FY25 claims paid through September 25 and the full prior FY24 period. Age and gender were stable with subscribers increasing by .8% in age with dependents increasing by .5%. The population is 52.2% female with overall age of 38.1 years old and 45.6% are enrolled in the subscriber employee coverage tier. There were 558 members over 65. High-cost claimants are driving high costs by 23.7%. In network costs were 99.44% and out of network was .6%. 94.7% of claims were below \$50,000, which represented 51.6% of the claims cost. Forty-one members accounted for the remaining 48% of claims cost. There were 577 members that did not utilize services. Top 10 diagnostic categories were musculoskeletal, mental health, circulatory, injury, neoplasms, ill symptoms, digestive, genitourinary, nervous system, and others.



The top four categories account for 43.8% of the total medical costs for the period. Inpatient analysis showed that the PMPM increased by 30.6% compared to the prior period. The highest inpatient paid PMPM was surgical at \$67.15. Admissions per thousand are trending up compared to the prior period and are greater than the benchmark. The inpatient allowed amount went up from \$13 million to \$17 million but that is driven by large claimants. There was a neonatal situation that accounted for large claims. Key indicators by service type were maternity, medical, mental health and non-acute. Every category has increased except for mental health. Top hospitals ranked by cost were Cape Cod Healthcare, Brigham and Women's, The General Hospital, and Beth Israel Deaconess. The top 15 most expensive reasons for admissions were neonatal which was mentioned, vaginal deliveries and tracheostomy, c sections, and back surgeries. The same procedures at the Cape are more expensive than in other parts of the state. Outpatient PMPM increased 3.9% compared to the prior reporting period and was 26.3% greater than benchmark. The highest service type was surgical at \$89.08. Visits are trending up and are greater than benchmark. PMPM was 15.4% greater than benchmark. Radiology had the highest rate of visits and surgical had the highest amount paid per visit. ER PMPM increased 20.6% and was 55% higher than benchmark. They increased 8.9% between reporting periods and were 32.3% greater than benchmark. Evaluation and Management was the type of service with the highest paid PMPM and had the highest rate of services. Anesthesia had the highest amount paid per service. Telehealth usage increased slightly. That is something that could be pushed a bit more. Preventive office visits saw an increase across age groups except for the 30-39 age group. Pharmacy PMPM increased 28.9% compared to the prior period and was 36.9 % greater than the benchmark. Prescription member increased by 6.4% and was 6.7% higher than benchmark. Specialty drugs accounted for 56.1% of costs in the current period compared to 62.7% in the prior. Rebates probably had something to do with that because of the change in payment model. Retail is more used than mail order. Education on the difference between mail order and retail could be something to educate on. Non specialty drugs listed by cost was pretty much completely obesity drugs. Only 1 drug out of 15 was not for weight loss. Specialty drugs were dominated by those to treat auto immune disorders. Only 1.26% of membership accounted for 178 high-cost claimants and 32.5% of claims. That was up from the prior period. The highest diagnostic category was cancers ~~had~~

## PBIRx Report:

Bob Kademian, RPh, provided his report. He reviewed the overall PMPM cost increase of 17% for the first three months of the year. That is being driven by obesity drugs.

The RFP was presented and the end result was that the Board voted to move to the CVS formulary for BCBS and HPHC and include a specialty drug alternate funding company for HPHC called PAYD Health. That will bring costs to \$2.85 million below current cost. Of that, 1.15 million is attributable to alternate funding. BCBS will save \$3.6 million by using CVS formulary so there are significant savings.

Obesity drugs now account for the top two drugs by cost. They account for \$2.8 million before rebates. That was just for a three-month period. There was a 99% increase in plan costs during the first three months of the 2026 plan year. The cost all last year was \$5.6 million. The anticipated spend for 2026 is \$12 million. Projections for following years see costs doubling and usage climbing with 80% overweight or obese. The pharmacy subcommittee has been meeting regularly with a focus on obesity drugs. The concern is whether the cost impact is justified. No change to the current coverage is unsustainable. A change in plan design would require an assessment of contracts and legal consultation. Excluding the drugs would be an option or carving out to a vendor like Abacus that has a program that has minimum participation requirements and a limited period of coverage. A FAQ document has been prepared to educate on GLP1's for circulation. Different vendors are being looked at for alternative programs for weight loss, and a presentation will be forthcoming shortly to the subcommittee.

Joe Anderson said that there is confusion because a communication was sent out guided by legal counsel crafting a letter for education on collective bargaining at the local level. The impact is not yet known so it is not a straightforward situation. The units realize that they do the best that they can with the information that they have. The cadence of information can highlight what decision needs to be made and the latest information. Every unit is its own entity and falls outside the normal mechanism of the CCMHG. The renewal calculation will be provided without and with GLP1 medications. The side by side can be looked at for a vote.



The next step is for PBIRx to come through with the options to figure out the best way to present them. The pharmacy Subcommittee may throw out some to not have a completely lengthy and confusing list. That is what they are working on now to find best in class and vet out major players.

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

Delta Dental- Sarah McCormick said that a list of enhancements was provided for the upcoming renewal and they could be priced with underwriting as well. She had nothing else to report.

Abacus- Patty Joyce said that she will be going out on medical leave shortly and Denise DeBlasio will take over in her absence.

Harvard Pilgrim- Lauren McCallum had nothing to report

Blue Cross - Carli Burnham had nothing more to report.

CanaRx- Jim Riley could not attend but included his report in the packet.

## **Other Business:**

There was no other business.

Erin Orcutt adjourned the meeting at 10:47 A.M.

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