

**West Suburban Health Group  
Board Meeting**

Wednesday, October 9, 2019 at 10:30 AM

Natick Community Senior Center  
Natick, MA

**Meeting Minutes**

**Board and Alternate Board Members in Attendance:**

|                           |                    |
|---------------------------|--------------------|
| Marc Waldman, Board Chair | Town of Wellesley  |
| Karen Jelloe              | Town of Wrentham   |
| Donna Lemoyne             | Town of Wayland    |
| Louise Miller             | Town of Wayland    |
| Chuck Murphy-Romboletti   | Town of Needham    |
| Jerry Lane                | Town of Dover      |
| Kevin Mizikar             | Town of Shrewsbury |
| Andrew Keough             | Dover Sherborn RSD |
| William Chenard           | Town of Natick     |
| Mary Bousquet             | Town of Holliston  |

**Guests in Attendance:**

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| Ruth Hohenschau    | WSHG Treasurer                         |
| Anne Costello      | WSHG Asst. Treasurer                   |
| Marianne Davis     | Town of Natick Wellness Committee      |
| Tricia Schmitt     | Dover Sherborn RSD                     |
| Linda Clark        | Town of Natick                         |
| Sybil Moore        | Town of Needham                        |
| Angela Cataldo     | Town of Natick                         |
| Debbie Deegan      | Town of Dedham                         |
| Lauren Bailey      | Town of Dedham                         |
| Kristen Stearley   | Town of Holliston                      |
| Kendra Wisell-Ford | Town of Wrentham                       |
| Patty Joyce        | Abacus Health Solutions                |
| Julia LeBrun       | Fallon Health                          |
| Patrick Flattery   | Fallon Health                          |
| Katelyn Glennon    | Fallon Health                          |
| William Hickey     | Harvard Pilgrim Health Care (HPHC)     |
| Mike Breen         | Blue Cross Blue Shield (BCBS)          |
| Lisa Despres       | Tufts Health Plan                      |
| Mary Bartkiewicz   | Tufts Health Plan – Senior plans       |
| Carol Cormier      | Gallagher Benefit Services, Inc. (GBS) |
| Karen Carpenter    | Gallagher Benefit Services, Inc. (GBS) |

Board Chair Marc Waldman called the Board meeting to order at 10:35 AM.

Marc Waldman asked everyone to introduce themselves.

**Approval of the minutes of the May 30, 2019 meeting:**

Kevin Mizikar moved to approve the minutes of May 30, 2019 as written.

Motion

Jerry Lane seconded the motion. The motion passed by unanimous vote.

**Treasurers report:**

Treasurer, Ruth Hohenschau, distributed and reviewed the financial reports through fiscal year-end June 30, 2019 and the September 2019 report (unaudited figures). She said the Trust Fund balance had decreased by \$1.095M at the end of June 2019. She noted that the auditor is working on the FY19 reports and there may be changes made to her reports due to adjustments of reinsurance and claims accruals.

Ms. Hohenschau said the Trust Fund balance increased at the end of September by \$2.02M between June 30 and September 30, 2019. She said the fund balance at the end of September was \$7,046,316. She thanked the employers for paying their assessments on time and said to contact her for an electronic copy of the report.

**GBS reports:**

Carol Cormier said the GBS Website Maintenance and Roster/Invoice Agreements have expired. She referred to the exhibits of the proposed FY20 agreements in the packet and said the website agreement fee of \$1,837.50 is not increasing. Ms. Cormier said the roster agreement proposed fee is \$157.50 per WSHG unit, an increase of 5%.

Kevin Mizikar made a motion to approve the proposed GBS agreements as presented.

Motion

Jerry Lane seconded the motion. The motion passed by a unanimous vote.

Ms. Cormier reviewed the *Funding Rate Analysis* report with data through August 2019. She said the composite expense-to-funding ratio was 97.2%. She noted that the Board set the Benchmark plan rates adequately. Ms. Cormier said the surplus of funding over major expenses was \$520K at the end of August. She said the proposed CY20 Senior Plan rates will be reviewed later in the meeting, but noted the HPHC Medicare Enhance senior plan is currently underfunded.

Carol Cormier said she would email the year-end FY19 FRA report to the Board.

Karen Carpenter reviewed the reinsurance report for FY2019 with paid claims date through August. She said 14 claimants exceeded the \$300K specific deductible with total claims of \$6.97 million and excess claims of \$2.77 million. She said the lasered claimant had not reached the \$1.5 million lasered deductible at this point and had claims totaling \$930,239.

Ms. Carpenter reviewed the FY18 reinsurance report of excess claims and said that 11 claimants had claims over \$300K. She said total claims were \$5.84 million and excess claims were \$2.54 million. She said WSHG has been reimbursed \$2,567,654 and has paid the reinsurance pool \$23,596 for the overpayment of reimbursements.

**Wellness program report:**

Marc Waldman said the wellness report is included in the packet and said Maryann Davis, Town of Natick and WSHG wellness committee member, to give a review.

Ms. Davis said during the first quarter of FY20, weekly health recipes and information for clean eating were distributed to employees. She said an individual physical activity challenge, called *A Fitter You* was implemented and she noted it is also being run during the month of October. Ms. Davis said there were over 300 members who participated.

Ms. Davis reviewed the second and third quarter activities to include weight and stress management programs, and cancer, cardiovascular and depression awareness programs.

Maryann Davis thanked HPHC for providing and paying the expenses for the wellness committee members to attend the Worksite Wellness Council of MA Conference on October 3<sup>rd</sup>. She said the focus of the keynote speaker, was Resiliency and how resilient people are healthier. Ms. Davis said the wellness committee is going to try to incorporate what they learned into future wellness programs.

**Abacus Health Solutions report:**

Patty Joyce distributed and briefly reviewed the report on the *Diabetes Care Rewards program* for calendar year 2019 with information through August 31, 2019. The report included demographics, medications and supplies spend, co-pay analysis, and outcomes metrics. She said \$527,565 was spent on prescription drugs through the program and estimated Rx savings were \$79,120. She said 35% of the 479 members eligible to participate are enrolled in the program, and 51% of those enrolled are adherent and receiving their medications and supplies at a \$0 cost to the member. Ms. Joyce talked about program incentives and Abacus's outreach to members. She reviewed the participant survey results and presented recommendations. Ms. Joyce noted that November is National Diabetes Month and said Abacus will be conducting an on-line seminar with healthy eating as its focus. She said she has flyers available for the employers to promote the program.

**Harvard Pilgrim Health Plan updates – Bill Hickey, HPHC:**

*Aetna Medicare Rx offered by SilverScript* - Bill Hickey said effective January 1, 2020, Aetna's Medicare prescription drug plan will migrate to the SilverScript administrative platform. He said the members will receive a letter in October explaining the change and in December they will begin to receive the 2020 plan materials to include their new ID card. He said there will be no change to the benefits except for the normal annual formulary changes. Mr. Hickey said those that obtain their prescriptions through mail-order will be contacted.

*OptumRx* – Bill Hickey said the second announcement is that the active plan pharmacy services will be changing from MedImpact to OptumRx effective January 1, 2020. He said new cards will be mailed to members in November and said there would be no changes to the benefits. Mr. Hickey said HPHC will transition everything, including prior authorizations. He said HPHC will still determine the rules and formularies and said they are expecting to see a 2% savings on the plan premiums.

*HPHC and Tufts Health Plan* – Mr. Hickey said HPHC and Tufts Health Plan will be merging. He said business will be as usual for the next year or so, and will not affect the plans for FY21. He said the merger will be good for both sides, combining the strengths of each company.

**Senior Plan Renewals – votes on CY20 rates:**

Marc Waldman said Fallon Health made some changes to its senior plan and asked Patrick Flattery to speak prior to the review of the rate discussion.

Patrick Flattery said Fallon Health has re-branded its senior plans for CY20. He said the WSHG’s Fallon Senior Plan has been replaced with the *Fallon Medicare Plus Premier* plan, and he noted that the benefits have not changed. In addition, Mr. Flattery said Fallon Health added a limited network senior plan named *Fallon Medicare Plus Central Premier* as an option. He said both plans have the same benefits, but the Fallon Central limited network plan is available only to Worcester County residents. Mr. Flattery said the Medicare Plus Premier plan rate proposed is a decrease of 25.3% and the Central plan premium is a 42.9% decrease from the CY19 Fallon Senior Plan. He said both plans now offer a “Benefit Bank” that provides \$250 for the member to use towards fitness memberships, vision and dental services. On the Central Medicare Plus plan the Benefit Bank provides \$500.

Mr. Flattery said the Reliant Medical Group is back in the Fallon Medicare plan provider network. He said the Fallon Senior plan members will be moved electronically to the Medicare Plus Premier plan, unless they change to a different plan.

Mr. Flattery said Fallon Health would be open to a rate cap for 3 years and said he would need to discuss it with Fallon Health to determine the level of the cap.

There was a brief discussion.

Marc Waldman said the Steering Committee reviewed the rate projections and proposals and are recommending adoption of the rates as described on the rate exhibit in the packet. He noted that the BCBS Medex 2 and HPHC Medicare Enhance plans’ medical benefits are self-funded while the prescription drug benefit is fully insured.

Carol Cormier said both GBS and the carrier projections for Medex and Medicare Enhance were very close this year. She said the BCBS administrative fees are increasing by 2% and the HPHC fees are not increasing for CY20.

Marc Waldman noted that the Fallon Health senior plan rates are decreasing significantly for CY20 with no reduction of benefits.

Kevin Mizikar made a motion to approve the CY20 Senior Plan rates as shown on the exhibit.

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| Motion |
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Bill Chenard seconded the motion. The motion passed by a unanimous vote.

**Mass. Municipal Reinsurance Arrangement (MMRA) meeting report:**

Marc Waldman said WSHG joined with CCMHG and MNHG three years ago in a self-funded reinsurance arrangement to manage the high cost claims incurred. He said the Board members meet on a semi-annual basis – or more frequently if needed - to review the financial information. Mr. Waldman said the MMRABoard also reviews information and hears presentations from vendors on strategies to contain claims costs.

Carol Cormier said at the September meeting, the Board met and discussed a Specialty Rx Carveout program since the costs of these drugs are so high. She said the Board met with representatives OptiMed Health Partners and heard a presentation on a program that they are interested in looking into. Ms.

Cormier said the MMRA Board authorized GBS to request data from the health plans to enable OptiMed to do a cost savings analysis. She said the information should be available at the December MMRA meeting.

Marc Waldman said in addition to the specialty drug program, the company is also involved with case management and intervention programs that the Board may review.

Mr. Waldman said Jim Kern was the WSHG Alternate MMRA Board member. He said there is now a vacancy on the Board that needs to be filled and asked for volunteers. Kevin Mizikar expressed interest in the position.

Bill Chenard made a motion to nominate Kevin Mizikar as the WSHG Alternate Board member on the MMRA Board.

Motion

Jerry Lane seconded the motion. The motion passed by a unanimous vote.

**HSAQ plans – access to CanaRx for certain preventative medications:**

Carol Cormier said the WSHG Board voted to allow HSA Qualified High Deductible plan members to access certain preventative medications through CanaRx. She said that members would pay co-pays for these meds if they received them through their health plan but will pay nothing if they access them through CanaRx. She said that WSHG will save money with the CanaRx program even with the loss of the co-pays, She suggested offering a \$25 incentive for 1<sup>st</sup> time users of the CanaRx program and asked the Board for their consideration.

No action on a financial incentive for HSAQ members to use CanaRx was taken at this meeting.

**Ethics Commission determination:**

Carol Cormier said she is following up on the issue she discussed at the previous Board meeting about a conflict of interest issue for members of the Board who receive health insurance benefits through the Joint Purchase Group (JPG) while serving on the Board. She said that the Ethics Commission informed a Board member of another JPG that this is a conflict of interest. She said the JPG involved contacted an attorney, who spoke with the Ethics Commission lawyers who held to their position. She said the attorney found no chance of obtaining a change to the Ethics Commission's determination. Ms. Cormier said there is a process of obtaining and filing disclosure forms.

. If the disclosure form is accepted by the local appropriate public authority the member may continue to serve on the JPG Board. She said that it is the local public authority that appoints the JPG Board representatives in the first place. She briefly described the process and referred to the sample forms in the meeting packet. She said she also previously sent the forms electronically to the Board.

**Health Plan Reports:**

BCBS – Mike Breen said BCBS is in negotiations with Southcoast Health. He said the health system is requesting an overall increase of close to 30 percent and additional increases every year for four years. He said there are 18 WSHG members who would be affected should they not reach an agreement. Mr. Breen said BCBS is hoping to reach an agreement and will keep its clients aware of any news.

BCBSMA and Southcoast Health reached agreement following this meeting.

*WSHG Board meeting, 10/09/19*

There were no other health plan updates.

**Other business:**

Marc Waldman said a Board meeting would be scheduled in early February, and the Steering Committee will meet to finalize the financial audit.

Jerry Lane asked if someone from *MyTelemedicine* could do another presentation to the Board.

Carol Cormier said she would contact Jeff Beane from MyTelemedine.

Karen Jelloe moved to adjourn.

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| Motion |
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Bill Chenard seconded the motion. The motion passed by unanimous vote.

Marc Waldman adjourned the meeting at 11:45AM.

*Prepared by Karen Carpenter  
Gallagher Benefits Services*