

**West Suburban Health Group
Board Meeting**

Thursday, May 28, 2020 at 1:30 PM
Meeting by Virtual Participation

Meeting Minutes

Board and Alternate Board Members in Attendance:

Marc Waldman, Board Chair	Town of Wellesley
Kevin Mizikar, Steering Committee Chair	Town of Shrewsbury
Louise Miller	Town of Wayland
Chuck Murphy-Romboletti	Town of Needham
Jerry Lane	Town of Dover
Dawn Fattore	Dover Sherborn RSD
Mary Bousquet	Town of Holliston
Kendra Wisell-Ford	Town of Wrentham
Lauren Bailey	Town of Dedham
Dorothy Blondiet	Town of Natick

Guests in Attendance:

Ruth Hohenschau	WSHG Treasurer
Anne Costello	WSHG Asst. Treasurer
Michele Craemer	WSHG Wellness Consultant
Donna Lemoyne	Town of Wayland
Donna Bouchard	Town of Shrewsbury
Marianne Davis	Town of Natick
Debbie Deegan	Town of Dedham
Jill Gallant-Shaw	Cook & Co. (for Wrentham)
Carley Andrews	Accept Collaborative
Patty Joyce	Abacus Health Solutions
William Hickey	Harvard Pilgrim Health Care (HPHC)
Julia Lebrun	Fallon Health
Katelyn Glennon	Fallon Health
Patrick Flattery	Fallon Health
Mike Breen	Blue Cross Blue Shield (BCBS)
Rae Felts	Tufts Health Plan
Fred Winer	Tufts Health Plan – Senior Plans
Chris Collins	CanaRx
Bob Kademian	PBRIX
Jeff Beane	My Telemedicine
Carol Cormier	Gallagher Benefit Services, Inc. (GBS)
Karen Quinlivan	Gallagher Benefit Services, Inc. (GBS)

Board Chair Marc Waldman called the Board meeting to order at 1:34 PM.

Approval of the minutes of the February 27, 2020 meeting:

Jerry Lane moved to approve the minutes of the February 27, 2020 Board Meeting.

Motion

Chuck Murphy-Romboletti seconded the motion. The motion passed by unanimous vote.

Treasurers report:

Ruth Hohenschau was not initially available on conference to speak regarding her report. Marc Waldman said that the report shows an increase of \$7.3 M resulting in a Fund Balance at the end of April of \$ 13.3 M.

Carol Cornier agreed and said she believed WSHG was now within the targeted fund balance range, which is good.

Mr. Waldman said that many understand that the increase in fund balance is largely because many elective procedures and office visits were postponed. Claims are low for both regular and Covid claims so far. All groups are on time with payments.

Ruth Hohenschau joined the conference. She agreed with the previous observations that Marc Waldman had already made and noted that on page six of her report she has added a contact list for each governmental unit. Occasionally she has to call to request payment from groups and she requested that each unit review and verify the contact info as correct. The only other obvious thing to add was the drop in value of the investment suite during March and then the rebound in April.

Mr. Waldman said that he received notification from Bill Fraher that he has begun the audit. Ms. Hohenschau confirmed that he is gathering information.

GBS reports:

Ms. Cormier reviewed the *Funding Rate Analysis* report with data through April 30, 2020. She said that on a *paid claims basis* the expense-to-funding ratio across all self-funded plans was 92.82% with an excess of rate funding over major expenses of \$6.7 million. A large portion of the funding surplus is attributable to reinsurance reimbursements for the FY19 policy period. Harvard Pilgrim had high cost claims of almost \$900,000, Fallon had \$138,000 and Tufts approx. \$200,000. Blue Cross did not have any high cost claimants. Over \$2 million of the Estimated Funding Surplus was from reinsurance.

Karen Quinlivan reviewed the FY20 reinsurance reports. She said 11 claimants exceeded the \$300K specific deductible with total claims of \$6,927,095.69 and excess claims of \$3,327,095.69. Ms. Quinlivan said that WSHG received \$ 829,596.12 in reinsurance reimbursements and is due an additional \$2,497,499.57. She said that there were 27 members each with claims between \$150K and \$300K with total claims of \$5,141,463.19.

Ms. Quinlivan reviewed the FY19 reinsurance report of excess claims and said that 14 members had claims over \$300K. She said total claims were \$7,036,984.11 and excess claims were \$2,836,984.11. She said WSHG has received total reimbursements of \$2,886,459.34. There is current credit balance of \$49,475.23. Ms. Quinlivan noted that there were 45 members each with claims between \$150K and \$300K with total claims of \$ 9,255,443.33.

Wellness program report:

Michele Craemer, Wellness Consultant, reviewed the FY20 overview of WSHG community-wide programming. There are currently seven ongoing programs focusing on fitness, healthy eating habits, stress management and sleep. Ms. Craemer highlighted the available resources regarding Covid 19 including Awareness flyers, health plan and telemedicine resources, online resources and webinars. She also provided the FY20 Budget so far indicating much of the budget still available.

Marianne Davis, wellness chair thanked Michele for all her hard work on Wellness. She also introduced the proposed FY21 budget. The Wellness Committee requested level funding with a total wellness budget of \$116,000. Breakdown of the request includes \$4,000 for WSHG community –wide programming, \$66,000 for individual WSHG efforts with \$6,000 per community and \$6,000 for software support. The budget would also request \$38,000 for the Wellness Coordinator position as well as \$1,600 for travel expenses.

Jerry Lane motioned to accept the FY21 Wellness Budget as presented for \$116,000.

Motion

Kevin Mizikar seconded the motion. The motion passed by unanimous vote.

Abacus Health Solutions report:

Patty Joyce reviewed the report on the *Good Health Gateways Diabetes Care Rewards program* through April 30, 2020. She said she has been reaching out to individual benefit administrators as well as providing information for the website during this time. Abacus has been reaching out to individuals during the pandemic via email and the help line is available for any questions. Text messaging has been ongoing as well as a webinar on maintaining health during these challenging times. Participation is fluctuating slightly due to Covid 19 and the fact that people are not able to interact with physicians. A survey was developed with the help of Jocelyn Diabetes Clinic to help make sure that members are still interacting with their physicians. Once that is established, they are offering extensions to the program. Adherence and enrollment is currently good. Outreach is ongoing with 915 members contacted.

CanaRx:

Chris Collins said things are progressing well at CanaRx. Other than a day or two mail delay, the program is running well. Anticipating the mail delay, CanaRx is calling members for renewal early to avoid delay in receiving medication. Mr. Collins indicated that CanaRx could now do direct mailings to members to encourage enrollment etc. on a periodic basis. If units within WSHG would like to take advantage of this opportunity, email addresses would be required on the eligibility file that is sent to CanaRx.

Carol Cormier said that that she would need to speak with Ruth Lynch at GBS regarding whether this is feasible. She requested that any interested groups email her

Mass. Municipal Reinsurance Arrangement (MMRA) report:

Marc Waldman asked if there were any updates on the MMRA.

Carol Cormier said that an upcoming meeting has been scheduled for June 17, 2020 at 11:00A.M. This meeting will be a virtual meeting. Treasurers from all participating groups have been invited to attend as well as the auditor Bill Fraher. Financial reporting will be a focus of the meeting. Ms. Cormier also said that WSHG had previously signed a contract for OptiMed Health Partners to reduce the cost of specialty meds and offer concierge service for the delivery of those medications. The case identified unfortunately was unable to provide services as the individual passed away. OptiMed will look to identify other opportunities. Ms. Cormier said that there is much data coming through on the impact of specialty medications on claims. One example recently identified was a cancer patient on a long-term dosage of

chemo that cost \$30,000 a dose administered three times a week. Annual cost just for the drug would be approximately \$ 4M annually. Bringing the cost of specialty medications down will be a strong focus going forward. Reinsurance rates will also be coming soon.

Roster and Invoice Download Agreement, Website Agreement:

Marc Waldman called to attention the GBS annual agreements submitted for approval. The Roster and Invoice Download Agreement provides the ability for member units to electronic invoices and rosters from the GBS system. Annual fee for FY21 is \$1,782 based on 11 units. The represents a 3% increase from the prior contract period. The Website agreement is for the management of the WSHG website. That amount is \$1,893 annually and represents a 3% increase.

Chuck Murphy-Romboletti motioned to sign the contract with GBS for the Roster and Invoice Download Agreement for \$1,782.00.

Motion

Kevin Mizikar seconded the motion. The motion passed by unanimous vote.

Chuck Murphy-Romboletti motioned to sign the GBS Website Agreement contract for \$1,893.00.

Kevin Mizikar seconded the motion. The motion passed by unanimous vote.

Covid 19 Information:

Approvals for temporary plan design and eligibility:

Carol Cormier spoke regarding the temporary plan amendments put in place by health plans to follow emergency features put in place by the state mandate regarding Covid 19. An example of temporary amendments by Harvard Pilgrim for the HMO and PPO were provided. Prior discussion was whether WSHG would be in on changes regarding COVID 19 coverage or not but the state mandate has since made changes a requirement for self-funded groups. The mandate refers to copay waivers for any Covid related diagnosis and treatment. There was additionally reference to furloughed employees remaining eligible for benefits if they were listed on rosters and invoiced premium paid.

Michael Breen from Blue Cross did not have anything to add.

Carol Cormier said that each health plan is handling it differently and each can speak to it separately. She felt that it would be good for WSHG to take a vote to indicate for the purpose of reinsurance that it would go along with state mandated changes.

Jerry Lane Motioned to allow WSHG to follow state mandated changes regarding Covid 19 and furloughed employees.

Kevin Mizikar seconded the motion. The motion passed by unanimous vote.

Motion

Marc Waldman asked if any other plans had anything to add.

Fred Winer (Tufts Health Plan) indicated that Tufts Medicare plans adopted the same changes as the commercial plans.

Carol Cormier said that the only thing she is unclear on is how long the mandate will be in effect.

Mike Breen (Blue Cross Blue Shield) indicated it was a wait and see at this point with anticipation that it is through the state of emergency.

Health plan reports on Covid cases:

Mike Breen (Blue Cross Blue Shield) said that membership on the Blue Cross plan for WSHG has been limited. There have only been 3 suspected Covid cases with a total spend through April of \$177. Exposure has been very limited so far.

Bill Hickey (Harvard Pilgrim) reviewed data through May 22, 2020. There were 17 confirmed positives, 51 potential, and 43 negative cases identified. Results represents members of the active plans only. Per member per month costs decreased for inpatient, outpatient and professional visits and increased for prescriptions as 90 day supplies were filled as expected.

Katelyn Glennon (Fallon Health Plan) said that as of May 21, 2020, Fallon had 95 members tested with 18 members testing positive and 3 hospital admissions. Total spend so far has been approximately \$130,000.

Rae Felts (Tufts Health Plan) presented figures as of May 14, 2020. There were 4 positive tests, 16 suspected and 4 negative. Total claims cost were \$32,000 largely due to one inpatient stay.

Fred Winer reported that within the Medicare block many seniors with Covid are on Medicaid, not Medicare.

Marc Waldman raised a question for municipal clients regarding a member that he and Julia Lebrun (Fallon Health) discussed. A firefighter was in intensive care for seven weeks. Mr. Waldman wanted to know what happens when a case involves uniformed police or fire. In terms of reinsurance, a determination should be made if this is run as an 111F case instead of a health insurance case. This could affect how a reinsurer would handle it.

Lauren Bailey said that they are not assuming that presumption at this time and are not putting claims through 111F.

Chuck Murphy-Romboletti said that Needham had four cases but none has been put through 111F.

Marc Waldman said that the issue might be more related to pay than health claims. He just cautioned this as a potential pitfall.

Open Enrollment:

Marc Waldman asked members of the group for a general feel of how the open enrollment period has gone. He said that Wellesley was very glad they switched to an electronic enrollment system and things were running smoothly.

Jerry Lane said that Dover was extending their period to June 1st due to logistics during this time.

Chuck Murphy- Romboletti said that Needham had a few stragglers. Their deadline was May 14, 2020 but most would come through in the next week.

Carol Cormier said that GBS issued an email indicating that forms would continue to be processed for open enrollment through August 28, 2020 on a first come first serve basis.

Marc Waldman encouraged units to give thought to electronic enrollment in the future.

My Telemedicine:

Jeffrey Beane shared onscreen a utilization report for the month of May. So far, for the month there were 17 consultations, 15 with prescriptions. Medications were primarily antibiotics. Annualized utilization is 1.84%. Right now contact with members is through mailings and magnet mailers will go out to every employee soon.

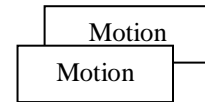
Other Business:

There was no other business to discuss.

Kevin Mizikar motioned to adjourn.

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

Chair Marc Waldman adjourned the meeting at 3:00 PM.



*Prepared by Karen Quinlivan
Gallagher Benefit Services, Inc. (GBS)*