

**West Suburban Health Group
Board Meeting**

Wednesday, April 13, 2022 at 10:00 AM
Meeting by Virtual Participation

Meeting Minutes

Board and Alternate Board Members in Attendance:

Kevin Mizikar, Board Chair	Town of Shrewsbury
Gayle McCracken	Town of Dedham
Gerry Lane	Town of Dover
Dawn Fattore	Dover Sherborn RSD
Mary Bousquet	Town of Holliston
Jon Marshall	Town of Natick
Dorothy Blondiet	Town of Natick
Chuck Murphy-Romboletti	Town of Needham
Donna Lemoyne	Town of Wayland

Guests in Attendance:

Ruth Hohenschau	WSHG Treasurer (retiring)
Anne Costello	WSHG Asst. Treasurer
Richard Bienvenue, CPA	WSHG Treasurer (incoming)
Michele Craemer	WSHG Wellness Consultant
Nicholas Hawes	Town of Shrewsbury
Dorothy Blondiet	Town of Natick
Cheryl Houle	Town of Holliston
Allyson Hay	Innovo Benefits Group
William Hickey	Harvard Pilgrim Health Care (HPHC)
Julia Lebrun	Fallon Health
Patrick Flattery	Fallon Health – Senior plans
Mike Breen	Blue Cross Blue Shield (BCBS)
Candis Dixon	Blue Cross Blue Shield (BCBS)
Lisa Despres	Tufts Health Plan
Richard Caparso	Tufts Health Plan
Fred Winer	Tufts Health Plan – Senior Plans
Chris Collins	CanaRx
Jim Riley	CanaRx
Carol Cormier	Gallagher Benefit Services, Inc. (GBS)
Karen Quinlivan	Gallagher Benefit Services, Inc. (GBS)
Joseph Anderson	Gallagher Benefit Services Inc. (GBS)

Board Chair Kevin Mizikar called the Board meeting to order at 10:02 AM.

Mr. Mizikar reminded those present that the meeting was being recorded and asked if there were any objections. There were none. Roll call was taken with voting attendees listed as:

Kevin Mizikar, Board Chair
Gayle McCracken
Gerry Lane
Dawn Fattore
Chuck Murphy-Romboletti
Donna Lemoyne

Town of Shrewsbury
Town of Dedham
Town of Dover
Dover Sherborn RSD
Town of Needham
Town of Wayland

Approval of the minutes of the February 7, 2022 meeting:

Chuck Murphy-Romboletti moved to approve the minutes of the February 7, 2022 Board meeting.

Motion

Kevin Mizikar seconded the motion.

There was a roll call vote on the motion:

Kevin Mizikar, Board Chair	yes
Gayle McCracken	yes
Gerry Lane	yes
Dawn Fattore	yes
Chuck Murphy-Romboletti	yes
Donna Lemoyne	yes

The motion passed by unanimous vote.

Treasurers report:

Treasurer Ruth Hohenschau reviewed the FY22 financial statements of March 31, 2022 (*unaudited figures*). She said that the Fund Balance decreased from \$20.5M at the beginning of the year to \$19.9M as of March 31, 2022. The cumulative revenue was \$99,040,011. Total claims and premiums net of reimbursements were \$93,154,949. Administration costs were \$6,267,901, and total expenditures were \$99,422,850. Adding back interest and market value adjustments the decrease at the end of March was \$649,514. The FY21 audit has been completed.

Kevin Mizikar said that Ruth Hohenschau is retiring after many years of dedicated service to the Group, and he thanked her for her service and wished her the very best in her retirement. He said that The WSHG Steering Committee approved a contract with Richard Bienvenue, CPA to continue in the role of Treasurer going forward. Mr. Bienvenue would be meeting with Ms. Hohenschau shortly to transfer paper records for retention. Mr. Mizikar welcomed Mr. Bienvenue.

GBS reports:

Carol Cormier reviewed the FY22 *Funding Rate Analysis* report with data through February 28, 2022. She said that on a *paid claims basis* the expense-to-funding ratio across all self-funded plans was 96.1% with a surplus of rate revenue over major expenses of \$3,070,866. Reinsurance reimbursements paid during the report period total almost \$3 million.

Karen Quinlivan reviewed the *FY21 reinsurance reports through February*. She said 24 claimants exceeded the \$300K specific deductible with total claims of \$12,960,030 and excess claims of \$5,760,030

Ms. Quinlivan said that WSHG received \$5,015,209 in reinsurance reimbursements and has an outstanding balance due of \$744,821. There were \$104,785 in denied claims and adjustments which leaves an actual outstanding balance of \$640,037. She said that there were 53 members each with claims between \$150K and \$300K with total claims of \$10,730,972.

Ms. Quinlivan reviewed the same *reinsurance reports for FY22*. She said 4 claimants exceeded the \$400K specific deductible with total claims of \$2,783,781 and excess claims of \$1,183,781. Ms. Quinlivan said that WSHG has received no reimbursements yet for the FY22 policy and has an outstanding balance due of \$1,183,781. She said that there were 13 members each with claims between \$200K and \$400K with total claims of \$2,814,909.

Jon Marshall, a voting member joined the meeting at this time.

Discussion about Expert Medical Advice and Bill negotiation services:

Ms. Cormier said that the Massachusetts Municipal Reinsurance Arrangement (MMRA) of which WSHG is a part is always looking for ways to bring costs down. A company called PinnacleCare, Inc. (PCI) was brought in for a presentation on a program providing expert medical advice and bill negotiation services. They provide white glove concierge services to members who have a medical diagnosis that they need help with. PCI helps find the experts in the field for second opinions and diagnosis review. They collect and submit medical records and schedule member appointments as well as assign a support specialist/advisor to consult with throughout the entire process. They have saved clients money through avoiding unnecessary surgery and through reversing incorrect diagnosis. They have a 100% one-to-one ROI guarantee in the first year.

Ms. Cormier said that the Cape Cod Municipal Health Group (CCMHG) which is the largest joint purchase group in Massachusetts did not have the Fallon issue that WSHG and MNHG had so they were keen on bringing in this program. After approving the program by Board vote, a member brought up the opinion that the program needed to be put out through a Chapter 30B bid process. Legal counsel advised that with an abundance of caution, an RFP would be the best course of action. An RFP was issued and there was only one response which was from PinnacleCare. Ms. Cormier said CCMHG Benefit Administrators are very excited about this program. She said Michael Hurley from PinnacleCare is here today to present the details of the program to WSHG.

Michael Hurley thanked the Board for the opportunity to present the *PinnacleCare* program. He explained that *PinnacleCare* is a white glove health care navigation service helping members and their families avoid obstacles in healthcare delivery. Their team provides high touch support when members are faced with any medical condition. They currently partner with over 130 regional health systems many of which are in our local area. They work to provide quick access to the best doctors. Currently there is no vetting for physicians experience and expertise available to individuals. Many people turn to Google and 40% of physicians have no sort of online rating profile. Many medical care providers don't take the time to educate or explain the detail of a specific diagnosis. Patients have an allotted time and often cannot ask the right questions in the short amount of time they have. *PinnacleCare* personal health advisors are available to talk to patients before and after every appointment to help them understand a diagnosis and form questions to ask as well as to be a sounding board.

Michael Hurley said that medical record collection and organization can be overwhelming. When a member starts with *Pinnacle Care*, all medical records are assembled in a period of one or two days. From the employer standpoint, high-cost claims are increasing. Delayed care because of Covid, will see

these high cost claims increase because serious conditions will not be caught at an earlier stage. PCI currently has 78 highly qualified health advisors, 35 MDs and specialized medical researchers, and 8 medical directors who get involved with every relationship. There are over 30K identified and qualified provider searches conducted each year. If a member received a serious diagnosis, needs a routine appointment, has a recommendation for surgery, or needs a specialist, *Pinnacle Care* provides treatment decision support and navigation, health advisory and advocacy services, member physician matching, medical record collection and expert second opinions. Records show that 30% of the second opinions for cancer result in a new diagnosis, and 28% in general result in a new diagnosis. That means that incorrect treatment and spending are avoided. The member experience takes 7-10 days. It begins with a personalized engagement strategy, health advisor consultations, medical records collection, medical director recommendations, research, specialist identification and diagnosis conformation. Appointment facilitation schedules in-person and/or remote consultations. Additional needs are identified and follow-up is maintained throughout the process.

Mr. Hurley said that communications to the employee population begins with targeted communication. Employee engagement drives utilization. PCI tries for four communications to employees per year. They can provide a large amount of communication materials for HR professionals. They can do email blasts, posters, drop shipment of materials for fairs as well as webinars. A website can be created as well. Employer reporting is provided to determine the Return on Investment for the client. There is a guaranteed ROI of at least 1:1 after three years supported by a 100% fee guarantee. Value add-ons of the service are services for parent, parent-in-law and adult children. Bill advocacy helps members understand and manage complicated medical bills. Negotiation is provided to reduce those bills and/or help to create affordable payment plans.

Kevin Mizikar said it sounded like a great program, but the question is how does the group promote utilization.

Mr. Hurley said that people are really excited about this program. The best way to immediately get the information out is through benefit fairs. A co-branded home mailer will make people aware of the program. Quarterly webinars can be set up.

Carol Cormier said other thing for the Group to consider is the eligible population. CCMHG is rolling it out to the active employee population for May 1st and then the retirees on senior plans will probably go live on October 1st. WSHG has about 5,400 members net of Wrentham, so it would be about \$168,000 per year for the year.

Fred Winer questioned whether the program would be appropriate for members on Senior Medicare advantage plans. He thought it would be confusing for members who use the care management teams very well for issues.

Mr. Hurley said that is something that can be explored.

Joe Anderson said that the industry is becoming more competitive than in the past in niche areas. Now there are best in class vendors out there that it makes sense to investigate these programs for the members' sake for quality of care, diagnosis accuracy and hidden ROI. This can be layered over existing traditional solutions.

Jon Marshall motioned to authorize the Steering Committee to bring back a recommendation as to whether to move forward with the PinnacleCare program and iron out the terms and conditions of the program details, then bring it back to the full Board.

Motion

Dawn Fattore seconded the motion. There was a roll call vote

Kevin Mizikar, Board Chair	yes
Gayle McCracken	yes
Gerry Lane	yes
Dawn Fattore	yes
Jon Marshall	yes
Chuck Murphy-Romboletti	yes
Donna Lemoyne	yes

The motion passed by unanimous vote.

Wellness Report:

Michele Craemer, Wellness Consultant, presented an FY22 overview report through March. The March Awareness Flyer addressed exercise benefits and implementation. April was all about stress awareness and mindfulness. The Gratitude program through Tufts had 93 participants with 60 viewing and participating in all videos and gratitude exercises. There are currently 128 people participating in Be the Best You in 2022 with a focus on exercise and nutrition. On April 26th there will be a nutrition seminar with a registered dietician. Sound meditation has been implemented at Accept Collaborative. Workstation ergonomics are currently being explored as well as blood pressure screenings.

Open enrollment activities and information:

Joe Anderson said that a good number of the WSHG units will have open enrollment activities done by April 29th. Natick has a later cutoff date. Most have a hybrid components of in=person and remote. Gallagher would like to receive all enrollment forms from those in motion by the end of May. A file transfer will then map Fallon members remaining over to Blue Cross. Holliston made the decision to have an active enrollment and not automatically move members into BCBS. Blue Cross implementation meetings have focused on some of the things that need to happen for things to go smoothly.

Karen Quinlivan said that Blue Cross has set up a member decision support line with information on Blue Cross Plans, finding a doctor etc. They have also set up direct support lines for Wellesley and Shrewsbury so that members can call in and speak with a member support person. All plan information is or course out on the WSHG website as well.

Mike Breen, BCBS, said that if there are any other communities that need a dedicated support line, let Blue Cross know. He also said that all providers that were previously suppressed on the Find A Doctor tool have now been restored.

Jon Marshal wanted to thank all the communities that shared information in terms of how they got information out to employees. He said staffing turnover has left the town at a disadvantage.

Patty Joyce from Abacus said that new Blue Cross members will be able to participate in the Diabetes Care Rewards program. Anyone making a health plan change will receive a new card so there will be a lapse in prescriptions. People can get 90 days refills if they don't want to worry about that. They can also go online and print off cards.

Bill Hickey provided the latest Covid report. He also said that Harvard Pilgrim staff are available for all open enrollment activities. He said Harvard Pilgrim would have preferred to have had equitable exposure

to the Fallon members. Harvard Pilgrim is clearly a well-positioned group of health plans. There is great membership for a good reason so let members know that they don't have to be mapped just because there is a passive enrollment.

Other Business:

Joe Anderson said that there was a clause in the contract with Fallon that if the arrangement were terminated for any reason, there would be an administrative fee assessed in order to process the runout claims the compliance reporting requires. The administrative fees are based on the number of covered lives. Fallon provided a quote of equivalent to 2 ½ months administrative fees to process 12 months of run-out claims. It brings the total spend down from around \$1.2 million to about \$755,000. This is a binding contract so it is appreciated that Fallon came back with reduced pricing in light of the circumstances that it is Fallon withdrawing and not the WSHG.

There was no other business

Dawn Fattore motioned to adjourn.

Motion

Jon Marshall seconded the motion.

There was a roll call vote on the motion.

Kevin Mizikar, Board Chair	yes
Gayle McCracken	yes
Gerry Lane	yes
Dawn Fattore	yes
Jon Marshall	yes
Chuck Murphy-Romboletti	yes
Donna Lemoyne	yes

The motion passed by unanimous vote.

Chair Kevin Mizikar adjourned the meeting at 11:29 A.M.

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