

Minuteman Nashoba Health Group

Steering Committee Meeting

Wednesday, December 20, 2017 at 10:00 AM

Groton Center Fire Station
Groton, MA

Meeting Minutes

Committee Members Present:

Donna Madden, Chair	Town of Bolton
Melisa Doig	Town of Groton
Kerry Colburn-Dion	Town of Carlisle
John Flaherty	Concord Carlisle RSD

Guests Present:

Ian Rhames, MNHG Treasurer	Concord Carlisle RSD
Linda Loiselle	Abacus Health Solutions
Ed Aberger	Abacus Health Solutions
Julia LeBrun	Fallon Heath
Erin Hayes	Tufts Health Plan
Fred Winer	Tufts Health Plan – Senior Plans
Bill Hickey	Harvard Pilgrim Health Care
Carol Cormier	Group Benefits Strategies
Karen Carpenter	Group Benefits Strategies

Donna Madden, MNHG Chair, called the meeting to order at 9:13 AM.

Approval of the minutes of June 7, 2017:

John Flaherty moved approval of the Steering Committee minutes of June 7, 2017 as written.

Melisa Doig seconded the motion. The motion passed by a unanimous vote.

Motion

Treasurers report:

Treasurer Ian Rhames said he purchased new accounting software, Quickbooks, and has cross referenced the MNHG financial data with the old system. He said he hopes the group likes the new report format. Mr. Rhames said he is keeping the visual chart which is a good at-a-glance review of the fund balance history.

Mr. Rhames reviewed the November 30, 2017 financial report (unaudited figures) and said the Fund Balance was up by \$315K for a total Fund Balance of \$3,437,476

Kerry Colburn-Dion joined the meeting.

GBS reports:

Funding Rate Analysis Report (FRA) - Carol Cormier reviewed the FY17 FRA report with data through November 30, 2017. She said the expense-to-funding ratio *on a paid claims basis* was 91.1% with a funding surplus of about \$2M. She said about \$1M of the funding surplus is attributed to reinsurance reimbursements received.

HPHC Level Monthly Deposit (LMD) Report – Carol Cormier reviewed the LMD for 2 months of the second quarter and said there was a funding surplus of \$148K.

Reinsurance reports - Karen Carpenter said there were no updates to report since the last meeting.

GBS proposed contract for 2018 to 2020 – Carol Cormier said there are no contract language changes. She GBS proposes fees to increase by 2.5% each of the next 3-years.

Responding to a question from Mr. Flaherty, Ms. Cormier said she thought that GBS held the fees for the past couple of years.

John Flaherty made a motion to approve the GBS contract as written.

Motion

Kerry Colburn-Dion seconded the motion. The motion passed by a unanimous vote.

It was subsequently found by Carol Cormier, that GBS had increased its fees for FY16 & FY17, but had held the fees for the 3 years prior to FY16. Ms. Cormier said the Steering Committee should review the GBS proposal again at its next meeting and vote on it again if the Committee wishes to do so.

Tufts orthoscopic prior approval program:

Erin Hayes said in an effort to achieve savings for Tufts self-funded clients, they are working with National Imaging Associates (NIA), who will provide utilization management for joint related surgeries. She said the program includes hip, knee and shoulder arthroscopy and arthrotomy, including total and partial joint replacement, revision and removal.

Ms. Hayes said the program will require NIA’s orthopedic review team to use certain criteria to evaluate the appropriateness of each surgery. The member will then receive a letter explaining if less-invasive or alternative care is appropriate.

In response to a question asked, Julia Lebrun, Fallon Health (FH), said all surgeries are reviewed at FH for medical necessity and prior authorization.

Bill Hickey, HPHC, said HPHC reviews all pre-authorization requests for back and spinal surgeries. He said those types of surgeries have a separate process.

After a discussion, the Steering Committee decided to bring this topic to the Board for its opinion.

Harvard Pilgrim Health Care changes to out-of-area coverage on the HMO plan:

Bill Hickey said HPHC is changing its out-of-area coverage process primarily for school age dependents. He said HPHC has allowed additional services out-of-network, such as flu care and physical therapy to be covered for students living outside of the network. Mr. Hickey said effective March 1, 2018, dependents will be required to use only participating providers. He said if they receive care from non-participating providers, Harvard Pilgrim will not cover the care,

except in urgent or emergency situations. Mr. Hickey said this will effect 26 MNHG dependents and they will all receive letters about the change.

Diabetes care management programs:

Linda Loiselle reviewed the Diabetes Rewards Program report with data from December 1, 2016 through November 30, 2017. She said 31% of those eligible are enrolled in the program and 51% are compliant with the 5 guidelines of care. She said the enrollment is a little lower than the municipal average, but said compliance is higher than average. Ms. Loiselle said 1,306 medications and supplies were ordered which resulted in \$31,428 waived copays for the members. She said the estimated savings to the group is \$74,593, and the pharmacy claims total was \$390,337. Ms. Loiselle noted the claims total is not an additional cost to MNHG. She said the claims would have gone through the carriers if not through the program.

Ms. Loiselle reviewed the program promotional efforts including mailings, tailored letters, help-line calls and onsite attendance.

Proposed program enhancements - Ed Aberger said having regular care will keep costs down by decreasing hospital visits. He said the enhancements will increase program participation and better track the glucose levels of members. Mr. Aberger said the program enhancements include a new remote blood glucose monitor named Accu-Chek® Guide. He said the new meter is Bluetooth-enabled, and it can track ongoing testing. Mr. Aberger said targeted outreach to members will be based on the monitoring frequency and blood glucose readings. He reviewed a sample of a members readings before and after outreach. Mr. Aberger said members will also receive test strips and supplies at \$0 copay, as well as access to a certified diabetes nurse educator and clinical pharmacist support. He said MNHG will also receive a savings of 10% off the test strips. Mr. Aberger said Abacus has gotten the program costs down now through negotiating the savings on the test strips. He said the cost of the test strips to MNHG is \$1 per strip, but said this is a \$0.30 savings per strip. Mr. Aberger said the enhanced program is available to MNHG at no extra cost.

Carol Cormier said MNHG pays for the meters and lancets now, but the new meter offers better technology and allows for tracking.

John Flaherty made a motion to allow the enhanced program to be added to the current Diabetes Care Rewards program at no added cost to MNHG.

Motion

Kerry Colburn-Dion seconded the motion. The motion passed by a unanimous vote.

Donna Madden asked a representative from Abacus to attend the February 15th Board meeting to provide information about the enhanced, program to the Board.

Other Business:

Fred Winer, Tufts Health Plan reminded the Committee about Medicare’s plan to assign generic ID numbers to the Medicare recipients rather than using Social Security Numbers. Mr. Winer said the transition will begin in April 2018 and will take approximately 18 months to complete.

There was no other business.

Motion

John Flaherty motioned to adjourn.

Kerry Colburn-Dion seconded the motion. The motion passed by unanimous vote.

Chair, Donna Madden, adjourned the meeting at 11:11 AM.

*Prepared by Karen Carpenter
Group Benefits Strategies*