Minuteman Nashoba Health Group

Steering Committee Meeting

Monday, August 24, 2020 at 9:00 AM

By Remote Participation – WebEx

Meeting Minutes

Committee Members Present:

Melisa Doig, Board ChairTown of GrotonKevin JohnstonTown of AyerKerry LafleurTown of Concord

Guests Present:

Ian Rhames, MNHG Treasurer Concord Carlisle RSD

Brad Brightman Town of Stow

Bill Hickey Harvard Pilgrim Health Care

Patrick Flattery Fallon Health
Lisa Despres Tufts Health Plan
Rae Felts Tufts Health Plan

Fred Winer Tufts Health Plan – Senior Products
Carol Cormier Gallagher Benefit Services, Inc. (GBS)
Joseph Anderson Gallagher Benefit Services, Inc. (GBS)
Karen Quinlivan Gallagher Benefit Services, Inc. (GBS)

Melisa Doig, MNHG Chair, called the meeting to order at 9:04 AM.

Approval of the minutes of the February 3, 2020 meeting:

Kevin Johnston moved to approve the February 3, 2020 minutes as written.

Motion

Kerry Lafleur seconded the motion. The motion passed by unanimous vote.

Treasurer's Update:

Treasurer Ian Rhames reviewed the MNHG's financial status as of May 31, 2020 (unaudited figures) and compared them to May 31, 2019 figures. He said Net Revenues were up about \$4 million, and claims were down about \$2 million compared to last year. He said May claims were way down, probably the result of the coronavirus pandemic lock-down. Mr. Rhames said the Fund Balance (equity) was almost \$8.3 million.

GBS Roster & Invoice Download agreement and Website Maintenance agreement:

Carol Cormier said that the GBS Roster & Invoice Download Agreement and the GBS Website Maintenance Agreement were both up for renewal, the former as of 10/1/2020 and the latter as of 9/1/2020. She said GBS proposes a 2% increase to fees in both agreements and said there were no fee increases last year.

Motion

Kerry Lafleur moved to approve the proposed GBS Roster & Invoice Download Agreement and the GBS Website Maintenance Agreement.

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

Update on MMRA and OptiMed Programs:

Carol Cormier said now that the previous proactive approach has been changed to a reactive one, monthly data reports are required from the health plans to make the program work. Initial historical reports are coming in from the health plans at the present time, Blue Cross and Fallon have already identified at least 411 potential members for contact. OPtiMed is working on targeted mailers that will go out to employer groups for distribution to employees explaining the program and letting members know this is an approved program by the group and is voluntary.

Looking to the future for MNHG:

An item of concern identified for the MNHG is the fact that over the past two years, two governmental units have left the group. There have been more additional groups requesting information for evaluation. Carol Cormier said that a possible approach to consider is to perform outreach to other outside governmental units that might be interested in joining the MNHG. Data can be gathered and analyzed to see if they would be a good fit.

Kerry Lafleur asked if there is a certain number of units that would make the group function optimally.

Carol Cormier responded that it is more the number of members and claims experience that is a determining factor.

Melisa Doig asked if the worst case scenario came true and more groups left, would it make sense to join another joint purchase group.

Ms. Cormier responded that eh most logical fist would be the West Suburban Health Group (WSHG). They are closer to Boston and have higher rates.

Kevin Johnston asked if it was possible to identify outside units that might be going out to bid so they could be approached. He also offered encouragement that the unions in Ayer requested an RFP but they did not find anything that warranted leaving the group.

Carol Cornier said that she would email other consultants to inquire if they knew of other units that were going out to bid so that they could possibly be approached.

Medicare Buy-in:

Carol Cormier said that there are former municipal employees who did not pay into Medicare and therefore as retirees are covered under the governmental employer's active employee plans. She said that retirees or employers can buy into Medicare. She said that for those who have paid in less than 30 of the required 40 quarters to Medicare it is quite expensive. She said that the buy-in costs for employers include the Medicare Part A buy-in premium, a Medicare Part A penalty, and Medicare Part B late enrollment penalty. Ms. Cormier reviewed the spreadsheets that she sent to the MNHG employers.

Ms. Cormier said that with a Joint Purchase Group arrangement, it is the JPG that gets the benefit from lower claims on the self-funded active employee plans resulting from the seniors leaving these plans. She said the employer has the higher expense with all the buy-in costs but does not directly reap the claims savings on the active employee plans. Also, she said the employer contributions to senior plans in MNHG range from 50% to 75% which means that costs from Medicare Buy-In will vary by employer. She said that any employer in the group is free to do the Medicare buy-in if it benefits them; however, she said she does not think it would be wise for MNHG to mandate that all the employers do the buy-in.

There was a discussion which revealed a lack of interest in moving further on this measure. No action was taken.

Other Business:

Kevin Johnston asked Fred Winer if there was any indication on senior renewal rates yet.

Fred Winer responded that he hoped to have information at the next meeting.

Carol Cormier said that Fallon had responded that smaller central limited network plan rate is not changing and the other plan increase is under review for the proposed increase.

Deb Nutter motioned to adjourn the meeting.

Motion

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

Melisa Doig adjourned the meeting at 9:46 AM.

Prepared by Karen Quinlivan and Carol Cormier Gallagher Benefit Services, Inc.