

**MAYFLOWER MUNICIPAL HEALTH GROUP STEERING COMMITTEE**  
**MINUTES OF MEETING**  
**October 15, 2020**  
**Mayflower Municipal Health Group**  
**VIRTUAL ONLINE MEETING**

**Attendance Roll Call Steering Committee members:**

Michael Levy, Town of Bridgewater  
Ray Ledoux, Brockton Area Transit  
John Sciara, Professional Fire Fighters of Massachusetts  
Kevin Powell, Retiree  
Derek Sullivan, Town of Wareham  
Jason Leto, Mass Teachers Association

**Guests:**

Kevin Feeley, Attorney, MMHG  
Thomas O'Brien, Treasurer MMHG  
Sheila Avery, MMHG  
Diane Laflash, Gallagher Benefit Insurance Services  
Tanya Chakmakian, Blue Cross Blue Shield of Massachusetts  
Kelly Morse Perez, MMHG  
Kathleen McCarthy, Town of Pembroke  
Bill Hickey, Harvard Pilgrim Health Care  
Michelle Labadini, Norfolk County  
Mike Buckley, Town of Hull, Town of Pembroke  
Frank Basler, Plymouth County  
Holly Day, Learn to Live presenter

Chairman Levy called the meeting to order at 9:09 a.m. He announced the meeting will be recorded and asked if there were any objections. Hearing and seeing none. He asked all participants to state their name before speaking and making motions for meeting minute purposes.

Avery completed a roll call of Steering Committee members and guests.

1. **Accept meeting minutes (September 14, 2020)**

MOTION: Powell made a motion to accept the September 14, 2020 meeting minutes.

SECOND: Sciara

Roll call vote: Levy=abstained, Leto=abstained, Powell=yes, Sciara=yes, Sullivan=yes, motion passed

2. **Treasurer's Report**

Treasurer O'Brien stated he wanted to recognize and personally thank Frank Lynam for all of his years of service not only to the Town of Whitman but to the Mayflower Municipal Health

Group. He said Frank has been a dedicated and supportive member of the Mayflower Municipal Health Group.

Treasurer O'Brien said the financial audit has started and auditors will begin field work on Monday. He said we had a good FY20 with claims lower versus projections due to the pandemic. He stated we ended FY20 with \$10.2 million in net positive bringing total net position to \$33.8 million.

Treasurer O'Brien said FY21 claim data is lower versus projections but it appears we may be coming up on another wave in the pandemic. He requested the rate holiday discussion be on the next Steering Committee agenda.

MOTION: Ledoux made a motion to accept Treasurer O'Brien's report.

SECOND: Powell

Roll call vote: Levy=yes, Leto=yes, Powell=yes, Sciara=yes, Sullivan=yes, Ledoux=yes, motion passed unanimously

3. **BCBS-Learn to Live Program- BCBS demonstration and possible vote**

Avery said at the last meeting we had an overview of the learn to live program and she wanted to give some background on how the program came up for discussion. She shared her screen showing BCBS's behavioral health overview from the last health informatics report. She stated we receive these informatic reports on a yearly basis that show prevalent conditions with some program suggestions on how to help lower our claims.

Avery said for the past few years, behavioral health claims have been in high prevalence with 26% of our members identified. She stated 21% of the 26% have two plus conditions and clearly indicates this is an area we need to focus on to help our members. She said every year we analyze different insurance carrier add on programs to see if they are a good fit for MMHG. She stated we also keep the informatics reports in mind when we design our wellness program plan offerings. She stated the internal team is excited about the learn to live program as it is not offered with our current insurance plans.

Avery said one of the attractive attributes of the Learn to Live program is that it is confidential and there is no claim associated with it. She stated MMHG as well as member units will not be able to know when an employee uses the program. She stated all reporting will be aggregate data with no employee identifiable information.

Avery stated she reached out to Gallagher to inquire about other joint purchase groups offering the Learn to Live program but they did not have any offering this yet. She said MIIA is offering this program on a pilot basis but no data is available at this time.

Avery concluded by saying she recommends this program and feels it will reach the most employees as we clearly have a need for behavioral health services. She stated Blue Cross Blue Shield allocated \$3400 wellness dollars towards the Learn to Live program showing their commitment to the program and our group. She reminded the Committee that we spend very little on wellness compare to other joint purchase groups. She said she recommends offering the program on a trial basis with monitoring of employee engagement, feedback, effectiveness of

the program, and our rate of return. She introduced Holly Day to provide a demo of the Learn to Live program.

Day said cognitive behavioral therapy (CBT) is the most widely used form of therapy and Learn to Live uses CBT on a digital base. She said the program is available 24/7 basis and is evidence based. She said 3 out of 4 people that need help will not seek in person support due to stigma, cost, and scheduling. She said Learn to Live is a good option for these people. She said Covid-19 resources are also available free online at their website and no log in is needed.

Day reviewed the Learn to Live online Demo focusing on the member experience. She said they do not share individual data with Blue Cross Blue Shield.

Day concluded the online demonstration and asked if there were any questions.

Ledoux asked about the age population using Learn to Live. Day said the average age of user is 41 and highest outcome is 50 years old and up.

Ledoux asked how Learn to Live keeps members at ease in terms of confidentiality. Day said they do not co brand with Blue Cross Blue Shield, and they outline their privacy stating they do not share with health plan, and in their marketing privacy statement specifically has this in it.

Ledoux asked if they could guarantee there would be no partners reaching out to our members in an unsolicited manner. Day said they do not reach out to members in an unsolicited manner and do not sell member's data.

Ledoux asked how Learn to Live measure the outcomes. Day said they look at utilization, engagement, and psychometric improvement.

Ledoux asked about communicating the availability of the Learn to Live program to our members. Day said we can have web meetings, email tool kits, paper mailings, and are also available to customize materials for MMHG.

Sciara said the availability of in person counseling is difficult at this time with a long wait for evaluation. He said what is the appetite for people looking for in person help that might use this. Chakmakian said for many years there has been a shortage of mental health providers and said the Learn to Live program is a good program for people seeking help online on their own. She said the telehealth services offered with the health plans provide for online visits with mental health providers and is a good option for members that can't wait for in person visit.

Sciara asked why would we pay for this when the industry cant provide enough help in person. Chakmakian said the Learn to Live program is targeting a different audience with members not willing to have an in person visit. Day said Learn to Live program counselors might offer a referral for in person therapy if they feel it is needed. Day said Learn to Live focuses on the 3 out of 4 people in the mild to moderate bracket that will not seek help.

Powell said \$86,000 is a lot of money to pay for this program and if we can have a reduced rate for the first-year trial basis. Avery stated she feels this is not too expensive considering the services provided and reaching the amount of people this will reach. She said she did discuss price with Blue Cross Blue Shield and they did offer us money towards the program. She said

in person therapy is on the rise and there is a shortage of providers. She said we can help bridge the gap with people that will seek help now with Learn to Live in hopes to avoid a substance abuse situation or mental health hospitalization in the future which would cost much more.

Powell said he didn't feel we will get the participation to justify the cost.

MOTION: Ledoux made a motion to support offering the Learn to Live program to the entire MMHG population with a formal program evaluation after 1 year with Avery helping to come up with metrics for measurement.

SECOND: Sullivan

Roll call vote: Levy=yes, Leto=yes, Powell=no, Sciara=no, Sullivan=yes, Ledoux=yes, motion passed 4 in favor, 2 against

#### 4. **Gallagher Updates**

Laflash said the Funding analysis with claims paid through August was emailed to all members and is on the presentation screen. She said the overall loss ratio for the active plans is 91.1%. She stated the Medex II plan is running at 90.3% loss ratio.

Laflash stated we do not have any claimants reaching the \$300,000 deductible for the FY21 stop loss period.

Laflash reviewed the carrier projections versus our actual experience.

Laflash said the insurance carriers are using a pandemic factor in their FY22 renewal calculations.

Ledoux asked about updates for covid-19 claims and Laflash asked the carriers for the update.

#### 5. **Any other business**

Covid-19 update

Chakmakian said claims through September show MMHG has 77 confirmed cases of covid-19 and 1386 suspected cases of covid-19. She said both confirmed and suspected cases have increased over the July numbers.

Hickey said claims through September show MMHG has 24 confirmed positive cases and 168 potential cases. He said we had one in-patient hospitalization.

Ledoux asked about the insurance carrier negotiations and asking if they are holding the line on cost increases. Hickey said Harvard Pilgrim is not re-negotiating contracts at this time but will be aggressively negotiating in the future for the best price for their subscribers and accounts. Chakmakian agreed with Hickey with the caveat that she is not privy to the provider contracts.

6. **BCBS Senior Plan renewal and vote**

Laflash reviewed her summary showing on the presentation screen. She said FY20 had very low utilization in the last quarter due to the pandemic and overall 90.7% total year loss ratio. She said Blue Cross added a nonrecurring pandemic factor of 7.3% for calendar year 2021 renewal.

Laflash stated the renewal shows a 1.6% increase to Medex and (.8%) decrease for Blue Medicare Rx. She stated the administration fee is increasing 2%. She said the total increase is .5% with a total premium of \$380. She said there are a few requested benefit options for the Steering Committee to consider separately or together:

- \$2,000 for one hearing aid for each hearing-impaired ear per member every 36 months, including related services (any copay, deductible and/or coinsurance not applicable)
- \$150 per member every 24 months for one set of prescription lenses and/or frames or contact lenses

Laflash said a rate hold with the added benefits above would put \$137,888 at risk from the trust fund.

Treasurer O'Brien said he supports the rate hold and adding the benefits.

MOTION: Powell made a motion to accept option D-3 on Gallagher's summary with a total rate hold for Medex/Blue Medicare Rx and adding the two benefits listed above.

SECOND: Ledoux

Roll call vote: Levy=yes, Leto=yes, Powell=yes, Sciara=yes, Sullivan=yes, Ledoux=yes, motion passed unanimously

Laflash said the fully insured Managed Blue for Seniors rate is \$397.44 and we only have 3 subscribers on this plan.

Powell thanked Laflash for her presentation.

7. **Attorney Feeley's updates**

Attorney Feeley said there are four opioid trials that are in the pipeline and two are scheduled to begin later this month and two will be in 2021. He said the updates we receive from the firm have been really good with a steady flow of information. He said the firm asked MMHG to let them know if any member unit receives subpoenas directly and also if they are contacted by the Massachusetts Attorney General's office. He said he is hopeful all trials will be over and/or settlements will be made by June 30, 2021.

Ledoux thanked the team for all of their work.

Chairman Levy stated Frank Lynam has officially retired and he will be greatly missed. He said he has worked with Frank since the beginning of MMHG and is grateful and considers it a privilege to work with him as he put his heart and soul into everything he did.

Next Steering Committee meeting scheduled for November 19, 2020, at 9:00 a.m.

Powell said he would like a notice sent out to all Medex subscribers informing them of the new added benefits. Avery said the benefit administrators notify the retirees of the benefits and price on a yearly basis and asked if he would like additional notification to be sent by MMHG. Powell said he would like to make sure the retirees are aware of the new benefits and requested MMHG to do a mailing.

8. **Adjourn**

Ledoux motioned to adjourn the meeting at 10:50 a.m., seconded by Powell and voted unanimously by roll call vote.

Roll call vote: Levy=yes, Leto=yes, Powell=yes, Sciara=yes,  
Sullivan=yes, Ledoux=yes, motion passed unanimously

Respectfully submitted,  
Sheila Avery

**Reference Documents for this Meeting:**

MMHG Gallagher Funding Analysis-claims paid through August, 2020  
Gallagher CY21 Senior plan renewal summary