



# Southeastern Massachusetts Health Group (SMHG) Board Meeting

Tuesday, May 28<sup>th</sup>, 2024  
*Virtual Meeting / Remote Participation / Meeting Recorded*

## Meeting Minutes

### Board Members in Attendance:

Shawn Cadime, Board Chair	Seekonk
Paula Linhares	Norton
Michael Mullen	Dighton
Lisa Cabral	Rehoboth
Sheena Martin	SCEC
Jim Hartnett	Westport

### Guests in Attendance:

Chris Defontes	Seekonk
Jenn Argo	Seekonk
Sue Brayton	Westport
Stella Farias	Westport
Rich Bienvenue	Treasurer
Michael Breen	BCBS
Derek Birkley	Hinge Health
Stephanie Ketcham	BCBS
Patrick Flattery	Arthur J. Gallagher
Marianna Gil	Arthur J. Gallagher
Darlenys Dominguez	Arthur J. Gallagher

Mr. Cadime, Board Chair began the meeting at 9:38 am. Attendance roll was taken by Darlenys Dominguez. Towns present were Dighton, Norton, SCEC, Rehoboth, Seekonk, and Westport.

### Vote to Approve Meeting Minutes from March 14<sup>th</sup>, 2024

Mr. Hartnett made a motion to accept the minutes from the March 14<sup>th</sup>, 2024 Board meeting. The motion was seconded by Michael Mullen. There was a roll call vote by Ms. Dominguez.

Motion

Dighton	Yes
Norton	Yes
Rehoboth	Yes
Seekonk	Yes
SCEC	Yes
Westport	Yes

The motion passed by unanimous vote.

**Vote to Approve Meeting Minutes from April 25, 2024**

Mr. Hartnett made a motion to accept the minutes from the April 25<sup>th</sup>, 2024 Board meeting. The motion was seconded by Michael Mullen. There was a roll call vote by Ms. Dominguez.

Motion
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Dighton	Yes
Norton	Yes
Rehoboth	Yes
Seekonk	Yes
SCEC	Yes
Westport	Yes

The motion passed by unanimous vote.

**BCBS Hinge Health Review and Possible Vote to Adopt for FY25**

Derek Birkley from BCBS presented a review of the Hinge Health program. The program focuses on reimagined musculoskeletal care built around the group’s members. This program provides easy access to a digital joint and muscle clinic, allowing members to exercise at their convenience. It also comes with a comprehensive care team and technology suite to effectively manage pain and eliminate obstacles to recovery. Users will also have access to personalized care that becomes more intelligent with every interaction, leading to early interventions that help reduce unnecessary utilization.

The presentation showed a potential 68% reduction in pain per participant, a 58% reduction in depression and anxiety, and a 67% reduction in surgery intent, leading to \$2,244 to \$3,523 per member in savings. This all-encompassing solution for managing pain offers convenient access through a single app, guided exercises with motion tracking, a team of expert physical therapists, and non-addictive pain relief options.

It was also highlighted that Hinge Health’s BCBSMA partnership enables a straightforward and effortless implementation process. This partnership’s advantages are no separate contract is needed, IT security review is already complete, billing through BCBS, integrations are already established, eligibility data feeds are already in place, and implementation in as little as 60 days. Per the SMHG data there were 3,400 total covered lives in 2023 with an 11% MSK spend of total Medical Spend. Based on this data, the projections were a savings of \$339,000 in one year and an ROI of 3.14x.

The program showed a prevention fee at no cost to all members, a recent injury fee of \$250 per participant per year, and a chronic pain and pelvic health fee of \$995 per participant per year. Additionally, pre and post-surgery rehab also showed a cost of \$995 per participant per year.

There was a discussion regarding the communication method used to notify members.

Marianna Gil mentioned that she has heard positive feedback about the program from external government agencies that use it.

A discussion was had confirming that the program would be free of cost to all members, including those on the high deductible plans.

The group discussed and agreed on setting the effective date for the program to be 10/1/2024.

Mr. Mullen made a motion to adopt the Hingde Health program effective 10/1/2024.

The motion was seconded by Jim Hartnett. There was a roll call vote by Ms. Dominguez.

Motion
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Dighton	Yes
Norton	Yes
Rehoboth	Yes
Seekonk	Yes
SCEC	Yes
Westport	Yes

The motion passed by unanimous vote.

**BCBS WellConnection Review and Possible Vote to Adopt 7/1/24**

Mike Breen presented a review of the BCBS WellConnection program. The program provides an opportunity for the group’s employees to access more convenient care through video visits with doctors. Members would have the ability to consult with licensed providers for medical and mental health care through live video visits on any device. This approach of convenient quality care would help reduce time away from work for the members.

Data presented listed a 4.8 out of 5 rating for provider satisfaction, 4.7 out of 5 platform satisfaction as rated by members, 85% of health issues resolved by a video visit, and 3 plus hours saved for 70% plus of members vs in-person care options. Members using this program have access to medical care 24/7, mental health, secure access through MyBlue, providers with an average of 15 years of experience, prescriptions available at the pharmacy as needed, non-required referrals, and availability to adults and children.

To utilize this program, members need to download the MyBlue app or visit the Blue Cross website, choose a type of service, and pick an available provider. The WellConnected providers can review medical history, answer questions, diagnose and treat medical and mental health issues, and prescribe medication for common conditions, if needed. Examples of covered medical services were cold and flu, sinus and respiratory infections, urinary tract infections, pink eye, and hypertension. Additionally listed were the mental health types of covered services, such as depression and anxiety, sleep disorders, substance use disorder, bereavement, and relationship issues.

Marianna Gil mentioned that the group's current telemedicine provider is terminating for 7/1/24.

There was a discussion on the price per member for this program and utilization.

Paula Linhares inquired if there was any utilization data available that Mike could share regarding utilization amongst other communities.



Mike advised he could get this information and send it later on.

The motion to approve this program for 7/1/24 was put on hold until the utilization data of current groups in other communities is provided for the group to review.

The vote will be taken at the next meeting.

**Discussion and Possible Vote for AHealthyMe Renewal for 8/1/2024**

Stephanie Ketcham led a discussion to decide if the group would make changes to the current operating program AHealthyMe. It was determined that the admin contacts would remain the same, account incentive dates would be 8/1/24 to 6/30/25, the account logo would remain as is, and the population eligibility would change to include spouses, children, and employees.

There was a discussion about the additional cost of expanding the population eligibility to include everyone. It was confirmed that the price would increase by an additional 30 cents. It was also confirmed that spouses and children who did not have Blue Cross Blue Shield would not be eligible to participate in this program.

It was also determined that incentives would be kept as is. This program will offer a \$50 incentive for all eligible spouses, children, and employees.

Mr. Hartnett made a motion to approve AHealthyMe Renewal for 8/1/2024. The motion was seconded by Paula Linhares. There was a roll call vote by Ms. Dominguez.

Motion

Dighton	Yes
Norton	Yes
Rehoboth	No answer provided
Seekonk	Yes
SCEC	Yes
Westport	Yes

The motion passed by unanimous vote.

**BCBS Wellness Credits Updates**

Stephanie Ketcham presented information on the challenge options available to the group. A discussion was had on selecting the three topics for the upcoming challenges. The selections were the move it move it, maintain don't gain, and step it up challenges.

**Treasurer's Report**

Mr. Bienvenue provided the financial statement through March 31<sup>st</sup>. The current year's loss is \$1.1 million, bringing the group's equity to \$11.6 million. Analyzing the cost of the group for this fiscal year, this number represents about 30% of the annual costs. The fund remains in a healthy balance position at 30%.

Rich stated some items still needed to be finalized, including the incurred but not reported claims of \$2,015,000. He indicated that this number is based on actual run-outs but does not include a liability due to a withdrawing member of the Town of Plainville. Working with Marianna, he has been able to obtain reports from Blue Cross, receiving good reports that tie out to all the claims that have been paid in the prior 2 fiscal years.

It was mentioned that Plainville does owe the group for Blue Medicare Rx premiums. The total was about \$27,000 and authorization is provided for withdrawing groups to pay their run-out claims for July. Rich stated that a conversation needed to take place to consider if this would be appropriate in this case since they are in run out and not taking any surplus with them. He also mentioned that this is the primary item holding up in finalizing the audit. Another issue that came up during the audit was when Rich took over this group never had a history of accruing prescription drug rebates in the past. In recent years, especially this past year, a lot more high-cost drugs have been utilized and the rebates of some of those drugs were up to \$1,000,000 a quarter now. In discussions with the auditor, we need to accrue those prescription rebates in the quarter they are earned. Going forward, Rich will put on the statement and maintain a receivable for prescription drug rebates, which will be an estimate as will not know until the final amount comes through.

Mr. Cadime requested that a further discussion on Plainville be added to the agenda for the next meeting.

Jim Hartnett asked how Plainville's leaving impacts SMHG in terms of participants and rates going forward.

Mr. Bienvenue said that based on the reports, it does not look like Plainville will be owed any of the surplus.

Ms. Gil mentioned that in reviewing the PEPM of Plainville against SMHG excluding Plainville PEPM, Plainville performed worse. This means that their removal alludes to claim experience improvement.

Mr. Hartnett asked if any other communities are interested in joining SMHG.

There was a discussion regarding what groups have been targeted to potentially join.

## **Financial Report**

Ms. Gil started her overview by addressing the bankruptcy filed by Steward Healthcare. It is expected that this will present challenges in the healthcare system. She also mentioned that a utilization impact report from Blue Cross Blue Shield will be available by the next meeting. This report will help analyze the potential impact on the group's members.

Mr. Breen mentioned from BCBS' perspective that they were watching the situation closely and will be in communication as the situation plays out.

Marianna reviewed the financial report through April 2024. April claims ran higher than prior months at 101%, which brings the group's year-to-date loss ratio to 103%. Rx rebates of almost \$700k came in March and are now reflected in the reporting. Updated stop loss information will be provided next month.



**Medicare Buy- In**

Ms. Gil provided information on a question that had been raised by Michael at Norton. This pertained to the employees who started working before April 1, 1986, and do not have Medicare eligibility. These employees continue to stay on the group's active plans. The group now has the option to do a Medicare Buy-In, where they can pay for the Medical-ineligible member's part A, part A penalties, and part B penalties to make them Medicare-eligible. Transferring these members to Medicare would benefit the group by potentially enhancing the experience on the active plan. Medicare covers 80% of medical claims, so it takes on the risk exposure from the active plan. The other advantage would be that the Retiree First program would offer comprehensive support to the retirees transitioning to Medicare, including communication with members, assistance with Social Security and CMS interactions, and payment of premiums and penalties. This program would help manage the process efficiently and potentially reduce risk exposure for the group.

An analysis will be performed to access potential cost savings by analyzing the current census, which shows 98 employees over 65. Will need to identify who is active versus retired and then analyze their historical claims compared to the estimated cost of transitioning the members to Medicare.

**Stop Loss Update**

Ms. Gil provided an update that the reinsurance bid results are not yet available and will be discussed during the June meeting.

**BCBS Updates**

No updates at this time.

**Open Session for Topics Not Reasonably Anticipated 48 Hours in Advance of the Meeting**

There were no topics to discuss.

Paula Linhares made a motion to adjourn the meeting. Seekonk seconded the motion. Board Chair Shawn Cadim adjourned the meeting by unanimous consent at 11:30 am.

Motion

The next meeting will be held on Thursday, June 20<sup>th</sup>, 2024 at 9:30 am.

*Submitted by  
Darlenys Dominguez  
Gallagher Benefit Services*