

MINUTES
Eastern Connecticut Health and Medical Cooperative
Board Meeting – September 26, 2024
2:00 - 3:30 pm

Members Present (in-person): Kate Ericson, Mike Belden, Troy Hopkins, Kathy Trammell, Ian Neviaser, Holly McCalla, Christopher Drezek, Pamela Listorti, Kristina Martineau, Jeff Wihbey, Cindy Hughson, Dan Moleti,

Members present (via zoom): John Hall, Allison Pierce, Beth McCaffrey

Others present (in-person): Tom Kowalchik (USI), Lynn Iannuzzi-DiBene (USI), Joanne Lund, Joseph Spurgeon, Kate D’Amico (USI)

Others present (via zoom): Beth McCaffrey

Others present (via telephone):

Meeting called to order at 2:00 PM

Standing Agenda Items: Discussion and Possible Action

Introductions

1) Approve minutes of August 22, 2024:

Motion to approve August 22, 2024, meeting minutes made by Kristina M., seconded by Jeff W.
Motion Approved Unanimously, no abstentions

2) Financial Status Update

a) IBNR 6/30/24 - Joanne L. presented - how the IBNR is calculated. It increased 292k, from \$672k on 6/30/23, to \$964k, on 6/30/24, which reflected the 2 new members (region 17 and Westbrook).

b) Joanne L. presented the August 2024 financial activity.
The August 2024 net position closed at \$1.6M, a decrease of \$435K for the month due to excess claims over revenues; no rebates received in August. There were 19 claims over \$50k with 3 of those exceeding \$150k; \$44,059 received in stop loss payments.

Goodwin census/revenue/claims relate to 12 month staff; school based staff remain with the LEARN info until September 1, 2024. See financial reports for further details.

Annual Pcor fee was processed July 2024 for all members included in ECHMC as of June 2023. Cost was around \$5,000 per member.

3) Marketing – new members:

- a. New Fairfield with 320 employees including self-funded towns and schools are interested. They will submit an application. Integrated Day Charter School (IDCS) has also expressed interest.
- b. MSSA/SECASA monthly superintendent meeting - Ian N. will bring up the Collaborative option to area districts.

4) Communication

- a) No Communication received.

5) Reserve Fund Policy:

- a) We have goals we are trying to achieve. Goal for FY 24-25 is 6.72 million which is 20% of annual claims paid. The maximum exposure of 6.72 million plus the reserve goal of 6.72 million = 13.44M. The Reserve Fund Balance (Net Position) desired ranged = 70% - 150% (9.4M to 20.2M).
- b) The Reserve Fund Balance (Net Position) of 1.6M as of 8/31/24 is 23.8% of the reserve goal of 6.72M.

6) Update from Vendors/Anthem Update

- a) Kate D'Amico of USI provided a trend and risk and mitigation presentation (2:15-3:15)
 - Kate provided the members with information about the analysis of paid claims. Conversation concerning wellness incentives, doctor visitation incentives. Talk about musculoskeletal, infusion therapy and behavioral health driving our claims.
 - Trying to mitigate risk with adults, looking for trends in data (May 1st to April 30th). Average age is 50.
 - Hypertension, Hyperlipidemia, Back Pain, Neck Pain, Osteoarthritis, Cancer, Major Depression and Diabetes are the top diseases among adults. Goal is to implement a health strategy to increase preventive care awareness. However, it is harder to find care due to retiring providers.
 - Discussed how to reward people for accessing preventive care?
 - Higher rewards can increase participation.
 - Premium reduction is one option.
 - Comments about the difficulty of changing adult behavior.
 - Idea of increasing premium employee share if no preventive care is accessed, as written in union contracts.
 - HSA incentives may be less effective than directly in pocket incentives.
 - Idea of a quarterly newsletter from ECHMC sharing some data with employees and links to local providers. Could put hard copies in lunch rooms rather than just email
 - Discussion about tracking systems for preventive care in the ECHMC.
 - Cancers (colorectal, cervical, breast) have great outcomes if early screening is done, however compliance is lower than it should be for colorectal screening and Pap test. Musculoskeletal conditions - compared cost of non-surgical and surgical treatments..
 - Based on discussion, the recommendation was to create a subcommittee to research opportunities for risk mitigation strategies. This Wellness Subcommittee will be represented by Kate E., Lynn I., Kristina M., Ian N., Tom K., and Beth M.

7) Vote on potential new members

1. None

Old Business:

1. None

New Business:

1. Subcommittee update on prospective criteria for new ECHMC members

Kristina M. reviewed the work of the subcommittee.

- Criteria was created for new members and includes at least 50 employees with no maximum, similar mindset of shared risk and pooling of resources, claim experience, and financial stability of the organization.
- Did we consider an entrance fee? Answer - that would be built into the rate. Further discussion of a rate stabilization fee of 2% in addition to the rate of 5%, for example. We may just want to build into the rate.
- Possibly consider a buy in rate.
- Based on discussion, the recommendation was to create a subcommittee to create a plan for rates and possible fees for new members. This Bylaw Subcommittee will be represented by Mike B., Tom K., and Joe S.

2. Agenda Setting for Oct. 24, 2024, meeting.

Subcommittee - Wellness

Subcommittee - Bylaw change

Motion to adjourn meeting made by Holly., seconded by Kristina M., motion passed unanimously.
Meeting adjourned at 3:35 pm.

Next Meeting – October 24, 2024, at 2:00 PM.

Zoom information will be provided in a calendar invite if needed.

Respectfully Submitted,

Troy Hopkins

