Town Administrator Report
October 9, 2018

The following is a summary of the major activities of the Office of the Town Administrator for the previous week.

1. **Anti-Harassment and Workplace Safety Training** -On Wednesday and Thursday, October 3 and 4 the Town conducted mandatory Anti-Harassment, Code of Conduct and Safety in the Workplace training for all full-time personnel. This training covered the implementation of the Town policies regarding harassment and bullying including how to receive and respond to reports of harassment, how to handle compliance issues involving discrimination and sexual harassment, including how best to respond and prohibit conduct by both external and internal employees and citizens in a way that helps ensure workplace safety and professionalism. Our trainer was Jean C. Haertl of the firm Safety and Respect at Work LLC. Jean is a highly skilled investigator, trainer and consultant specializing in harassment and workplace safety issues. She is among the foremost experts in the Commonwealth of Massachusetts in this area and brought to the Island a wealth of knowledge and experience for our workforce. Our training was conducted together with the Town of Edgartown as a regional project, which both helped to defer the cost as well as enrich our program by networking with folks in similar positions in our neighboring Town. We hope to follow up with additional employee development training conducted together with the other Island Towns. Special thanks and recognition go to our Assistant Town Administrator, Wendy Brough, who planned and organized this valuable training for our Town employees.

2. **Conference Call with Massachusetts Emergency Management Agency.** –We continue to take an aggressive approach toward grant opportunities for coastal infrastructure projects to help the Town cope with our many needs. On Friday, October 5 our Conservation Agent, Liz Durkee, and I conducted a conference call with David Woodbury, MEMA's Hazard Mitigation Grants Coordinator to review and discuss all State grant opportunities available for our critical projects of the East Chop Bluff Stabilization, Beach Nourishment II and the associated groin rehabilitation/replacement. Joining us on the call was Courtney Rocha from Foth Engineering. We are currently planning an application under the Resilient Infrastructure category of the Hazard Mitigation Grant Program (HMGP) for which the East Chop Bluff may be eligible for up to $10 million in funding. The application will be prepared in the November-December time frame for submission by the January 4, 2019 deadline. This program is funded through FEMA, so I won't get hopes up, bet we are definitely eligible for the program. We are also planning to submit under the general HMGP for the groin and jetty rehab in the amount of $1 million. Beach nourishment is not eligible under this program. We also have a $3 million grant proposal filed under the Dam and Seawall program for East Chop for which we have not yet received a decision.

3. **Cape Cod Municipal Health Group (CCMHG) on Martha's Vineyard** -On Thursday, October 4, I helped host the Steering Committee of the Cape Cod Municipal Health Group here on Martha's Vineyard. As you know I have been appointed by Dukes County

to serve on the Board of Directors of the CCMHG representing the Island of Martha's Vineyard. This gives me an excellent opportunity to impact the delivery of benefits for our Island workforce for which the Town pays nearly $3,000,000 annually. It's an important step to bring the Steering Committee out to the Island to discuss issues that impact us directly to help assist the Towns in getting the best value from the programs they offer. For example, we had representation from almost every Island community at the meeting, and a major point of discussion last Thursday involved gaining assistance in working with employees to help them make the best choices in selecting plans. Along with rising costs, the last several years have brought significant changes in the plan offerings that brings new complexity to the jobs of our benefits administrators. Programs such as the high deductible plan combined with an HSA offer both employees and the Towns great potential savings, but a great deal of work is needed to explain and answer questions on these programs. We are working to better assist some of the smaller Towns, such as our Island communities with technical assistance to get the most benefit from the new programs. An additional initiative we are working on is an overhaul of the prescription drug delivery system to help stem the high inflation. This will involve a new prescription drug administrator and a separate card for prescription benefits.

4. **Finance Committee** – Thursday, October 4 I attended the meeting of the Finance Committee. At the meeting I distributed copies of the draft Town Meeting Warrant to prepare them for their recommendation process with their recommendations to be finalized on October 18. The Committee received an update on the Town Hall project as well as the Oak Bluffs School Roof project. For the latter, on hand was David Sisson, the project Architect from Providence RI. On that project, bidding has been strange as usual. The great news is that the Roof sub-bid came in $800,000 under the estimate. On the strange side, no sub-bids were filed for the HVAC work. This means that the general contractors will have to carry the HVAC numbers in their bids. As a result, we had to extend the bid an additional week to allow for this coordination. Several HVAC firms took out specifications, so it will be a matter of coordinating these firms with the general contractors. We will have firm bids on October 18. At our meeting, we also got a start on the FY 2020 annual budget process, with me distributing a draft FY 20 Budget calendar for review and comment by the Finance Committee. I will work closely with the Committee to coordinate all aspects of the upcoming budget process. The Finance Committee's next meeting will be October 18.

5. **ICMA Conference**–From September 23-26 I attended the 104th Annual Conference of the International City/County Management Association (ICMA) to be held in Baltimore, Md. This was a great opportunity to meet with local government managers from around the country to network and discuss and learn about key management issues. Between the educational sessions, inspiring keynotes and networking with other managers I was able to learn a great deal and bring back new energy and enthusiasm for dealing with the issues we face here in Oak Bluffs. Improving civic engagement is a major focus all around the country, and we are so very lucky to enjoy the tremendous sense of place we have here in our wonderful Town.

ANTI-HARASSMENT,

CODE OF CONDUCT &

SAFETY IN THE WORKPLACE TRAINING

MANDATORY FOR ALL FULL-TIME EMPLOYEES

Supervisors: Wednesday October 3, 9.30 -12.30
LOCATION: Edgartown Library Meeting Room

To attend: **All Department Heads/ Supervisors, Foreman, LTs**

TOPICS:	*Handling of harassment behavior –Managers will learn how to best receive and respond to reports including needed referrals to the HR Department or the Town Administrator. Covers compliance topics (discriminatory and sexual harassment) including how to best respond and prohibit conduct by external and internal employees/ citizens that help ensure workplace safety and professionalism.*

Non-Supervisors: Wednesday Oct 3, 1.30 – 3.30
LOCATION: Edgartown Library Meeting Room

OR

Non-Supervisors: Thursday Oct 4, 9.30 – 11.30
LOCATION: Oak Bluffs Library Meeting Room

To attend: **All Regular Full-time and Part-time. Per-diem and temp employees encouraged to attend**

TOPICS:	*How to deal with workplace violence, verbal abuse, discriminatory or harassing treatment. Defining harassing and discriminatory behavior, when and how to report an incident and when an incident is not considered harassment. Code of conduct with fellow employees to ensure workplace safety and professionalism.*

For more information contact HR at: Wendy Brough 508-693-3554 ext: 149; wbrough@oakbluffsma.gov

Surviving a Bully at Work

Vanessa Hale and Jean Haertl

I never thought that a superior of mine would end up bullying me. I'm polite, I work hard and I think I come across as helpful and cordial. I go out of my way to offer excellent customer service and treat everyone I work with the same. So how did I end up in a place where a manager found himself ridiculing me and treating me like I was in grade school again? It took a very long time to realize that I was stronger than him, that I had done nothing wrong and that he was the bully, targeting me with his demeaning tone of voice, his behavior and his hurtful words. What was worse was that he terrified me into believing that I couldn't seek help. I'm thankful to say that I survived the experience and came out with a backbone that I never knew I had. My mother, however, would tell me it was in the genes and that I should never let a member of the opposite sex treat me as a lesser individual. The same goes for a superior, regardless of their gender.

Teens aren't the only ones who are bullied, learn about policies and procedures you need to have in place in order to manage bullying situations in the workplace.

While there is no standard definition of bullying, national experts concur it includes the "repeated health harming mistreatment of one or more targets by one or more persons by taking the following forms: verbal abuse, job threatening, humiliating, or offensive behaviors, work interference and sabotage." That does not mean it is easy to speak up. It's a stressful thing to tolerate and the bottom line is it is not right, nor is it acceptable in any environment, but certainly not in the workplace.

Not only is bullying dangerous for the person who is being targeted, but it is a mindset that cannot be allowed by the manager; in some cases it has led straight to litigation. From a human resource perspective, employees and managers alike need to be trained in professional conduct, dealing with difficult people, discrimination prevention and customer service excellence. Employees who have been bullied suffer anxiety [94%], sleep disruption [84%], loss of concentration [82%], shame and embarrassment [49%], and depression [41%]. This does

incredible damage to a workplace, and especially in a library where the public expects to feel safe and free from harassment. According to recent statistics, bullying is more prevalent than sexual harassment and workplace violence combined. 35% of workers in the United States report being bullied at some point in their career. (Dr Gary Namie, Workplace Bullying Institute Survey, 2010) 27% of HR professionals have been victims of bullying (SHRM study, 2011). Simply stated, ignoring a bully in your workplace will cost you. Targets call out sick, morale plummets and sadly, many victims are reluctant to report it out of fear of retaliation or concern that "nothing will happen."

Signs of Bullying in the Workplace

What are some of the indicators that someone you work with is being bullied? Remember, it might not always be an employee. In the case of the library, it might be a patron, a vendor, a member of the board of trustees or a volunteer. A library is crawling with more volunteers than most other city or town departments. Policies should always take them into account as well as the paid staff. Who else looks out for the volunteers that may not know whom to turn to?

There are certain behavioral changes that may be a red flag. Has the employee been calling in sick more than usual? Have they started eating lunch at their desk and avoiding the break room? Do they seem less energetic or eager to take on new projects? When an employee, who has had a good track record, starts to socialize less, begins to appear desultory and may develop a lackluster attitude, it can be a sign of bullying. It will come as no surprise that affected employees often will not reach out or speak up. For many, there is a fear of retaliation. Imagine if you are the sole supporter for your family, or even a single parent. Depending on what is happening in your workplace, you will be afraid of losing your job, your income, your health insurance and wondering how would you get another job in the same field. If you work in the public sector, you may fear losing the pension and retiree health insurance that you have always worked toward. None of this is acceptable, but it has happened. Now think about being in that situation and recall that if you work in a school or public library, nearly everything about your employment is a public record. It can be downright terrifying! This is not so dissimilar to other people dealing with post traumatic stress disorder [PTSD]. Many of the lingering symptoms are the same. If you work for an elected official, there is minimal impact to someone with that authority. It's quite difficult to enforce Code of Conduct policies on those who only report to the electorate.

> "Bullying is conscious, abusive workplace conduct, not a personality conflict.

Managing Bullying Situations

So what can a manager do to avoid situations like this? Jean Haertl, a national expert and investigator into allegations of bullying says, managers should first become educated about exactly how to identify and respond to allegations of bullying. Haertl states, "Bullies are often invisible to managers as they consciously alter their conduct in the presence of higher ups; although typically many workers may be aware of the conduct." In addition, targets may report the conduct in different ways, using words that may not signal to a manager that bullying is the problem. Often, if managers do not take the time and effort to understand the conduct, they will dismiss it as "a communication problem between the target and the alleged 'wrongdoer.'" A manager or supervisor should listen carefully to reports that include "humiliating language, job interference or sabotage, interrupting." These reports should not be dismissed; rather, managers should consult with HR professionals and quickly conduct fact finding if needed. Targets often fear investigations will be biased or tainted by "internal politics," thus efforts must be made to ensure an unbiased and prompt fact finding in response to complaints. Haertl emphasizes that at no time should managers attempt to conduct mediation or conflict resolution in response to bullying complaints. Even the HR director may not be the appropriate person to resolve or investigate the matter. She/he may be involved if they supervise one or more of the individuals. Although there is a cost to outsourcing a fact finding session or internal investigation at the outset, it may be far less than the cost to the organization of legal fees and damages brought by a complainant.

Have a Policy and Provide Training

Clear policy language outlining the specific prohibited conduct must be included and disseminated to all employees. Most important, however, is to ensure training is provided to leadership first and subsequently to all employees. Haertl suggests the following

Bullying: Management or Personality Conflict?

Bullying vs. Unprofessional Behaviors:

- Bullies target one or more individuals – behaviors are minimized in presence of higher-ups.
- Is a pattern of behaviors designed to humiliate and gain control.
- Bullies are "known offenders" to many in the workplace. Elephants in the room.
- Targets are silenced, afraid and unwilling to report.
- Bullies deny, minimize and blame the target.

—By Jean Haertl

language be added to policies prohibiting unprofessional conduct and bullying:

- Unprofessional behavior(s), e-mails, and/or gestures that a reasonable person would find intimidating, humiliating, offensive, or that adversely affect staff work performance.
- Physically aggressive behaviors and gestures that would place a reasonable person in fear, and/or that adversely affects staff work productivity.

Your workforce should include not only policies that address bullying, but clear policies addressing workplace violence and discriminatory harassment. According to Haertl, "Bullying, like domestic violence, occurs because the abusers are allowed to get away with the conduct, and have historically received no accountability or discipline for it." Haertl also warns that if not taken seriously, bullying complaints may lead to complaints of discriminatory harassment and subsequent claims if the employer was on notice of the conduct but failed to take appropriate action to investigate and stop the conduct. Managers must actively listen to reports, take them seriously and refrain from making initial statements that may discourage the target. Recognizing the courage it takes to come forward is an effective initial response. According to Haertl, managers must also step aside, refrain from investigating their own direct reports and allow for an unbiased party to investigate the matter and provide findings and recommendations. Another resource that should be emphasized is the Employee Assistance Program (EAP). Most organizations contract with a vendor to provide health and wellness services through an EAP. EAP's are designed to help the employee or his/her family, as well as the work organization lessen the impact of stress. Options include assessment services, crisis intervention, consultation and training. This type of benefit is at no cost to the employee or their family member and should be encouraged at all times.

Remember What Bullying is and What Should be Done About It

To reiterate, there is a difference between a personality conflict and bullying. Some people just can't get along, and that's okay. According to Haertl, bullying conduct involves a series of conscious acts to target and humiliate an individual, with the offender able to "change and alter" his or her conduct with others. On the other hand, personality conflicts typically do not give rise to longstanding fear and humiliation for the parties involved, and rarely lead to a fear of termination from employment.

What do you do when you learn that bullying is taking place within your workplace? After a thorough and unbiased investigation, it is critical that the conduct stop. Managers must ensure the offender receives discipline in line with the conduct and the target receives services, including EAP referrals, time off if needed, and a clear statement that the workplace will not tolerate any form of retaliation. While office gossip may prevail, every attempt should be made to keep the fact finding and resolution as confidential as practicable. Once you begin to take reports seriously, you will be going a long way to encouraging targets to come forward and report this conduct. Eliminating bullying starts with an educated workforce and leadership. We owe it to our employees to draw a line in the sand and say "NO" to any and all forms of abuse at work so we can do the work we love. ■

Vanessa Hale is the assistant town administrator/HR Director in Southborough, Massachusetts. Jean Haertl is the CEO of Safety and Respect at Work, LLC, Inc, a consulting firm that advises, investigates and trains clients about safe workplaces and bullying prevention

Examples of Sexual Behavior

These behaviors, if unwelcome, can be hostile environment sexual harassment:

Verbal

- Sexual comments about a person's clothing, body, behavior, or appearance
- Asking personal questions, or telling rumors, about the person's social or sexual life
- Derogatory comments about a person's sex or sexual orientation
- Terms of endearment, such as "honey," "sweetheart, "hunk"
- Turning work discussions to sexual topics
- Whistling or catcalling
- Repeatedly asking someone out
- Sexual or sex-based jokes

Physical

- Blocking someone's path
- Rubbing or massaging someone's shoulders, neck, etc.
- Hugging, kissing, stroking
- Touching, grabbing, or pulling at someone's body or clothing
- Touching oneself sexually in view of another person
- Brushing up against someone

Nonverbal

- Staring at someone
- "Elevator Eyes" or looking someone up and down
- Following someone
- Derogatory gestures of a sexual nature
- Sexual facial expressions, such as winking, throwing kisses, or licking lips

Visual

- Display of sexually suggestive posters, cartoons, photographs, or objects
- Sexual and/or derogatory comments on clothing, coffee mugs, etc.

Considerations in Recognizing Sexual Harassment

- A man, as well as a woman, may be the victim of sexual harassment, and a woman, as well as a man, may be the harasser.
- The harasser does not have to be the victim's supervisor. The harasser may be a supervisor who does not supervise the victim, a non-supervisory employee, or a non-employee, such as a recipient of public services or a vendor.
- The victim does not have to be the opposite sex from the harasser.
- The victim does not have to be the person at whom the unwelcome sexual conduct is directed. The victim may be someone who is a witness to, and personally offended by, such conduct when it is directed toward another person.
- Sexual harassment does not refer to occasional compliments of a socially acceptable nature, or welcomed social relationships.
- Hostile environment sexual harassment is determined by looking at the totality of the circumstances, including: the frequency and severity of the behavior, whether or not the victim gave notice, whether or not it was physically threatening or humiliating or offensive, and whether or not it interferes with work performance.
- Conduct that occurs at work-sponsored social events, including those that occur off-location and after work hours, as well as during private social events, may be relevant to a workplace charge of sexual harassment.
- Voluntary participation in sexual conduct does not necessarily mean that the conduct was welcome, especially if the victim believes his or her job is dependent on participation.
- In circumstances where sexual conduct was at one time welcome, a target has the responsibility to give notice to a perpetrator that the conduct is no longer welcome.
- Continued pressure for dates following the termination of a consensual relationship can constitute sexual harassment.

How would you feel if it happened to you?

If you would:	*Then place a check mark in the column:*
Enjoy it; feel flattered	"Enjoy"
Think its OK	"OK"
Be mildly offended, annoyed, embarrassed, or uncomfortable	"Mildly"
Be very offended, angry, embarrassed, or uncomfortable	"Very"

Situation	*Enjoy*	*OK*	*Mildly*	*Very*
1. You walk into the first meeting of a newly formed committee consisting of a dozen workers and supervisors, some whom you know and some whom are new to you. The meeting chair, who you've met several times before, calls out, "Hi! Glad you're here" I didn't want to get started without you and your smile to brighten up this place."	___	___	___	___
2. Someone in your office approaches you and says, "You look great today. What do you say you come home with me tonight and we have a nice, long roll in the hay."	___	___	___	___
3. A coworker looks you up and down, lingering on sexual body parts; the coworker nods approvingly.	___	___	___	___
4. A coworker shares a sexual joke with you.	___	___	___	___
5. An employee refers to you using pet names such as "Babe," "Honey," and "Sweetheart."	___	___	___	___
6. A peer whispers, as you walk by, "What color are you wearing underneath, today?"	___	___	___	___
7. You enter the rest room and find that a calendar pin-up has been posted and "decorated" with some sexual graffiti.	___	___	___	___
8. You are wearing some new clothes. A coworker comments about how nice you look.	___	___	___	___
9. Someone lets out a catcall as you walk down the hall.	___	___	___	___
10. Someone approaches from behind and rubs your shoulders.	___	___	___	___

Is This Sexual Harassment?

1. Bob, a supervisor, asked Chenelle to go out with him on three occasions. After she refused, Bob transferred her from work processing to the less prestigious and challenging job of file clerk.

2. Sally, a co-worker, frequently comes up behind Hans and rubs his shoulders. She also stands quite close to him and fingers his ties, and comments on how masculine he looks. Hans usually appears uncomfortable, changes the subject, and takes a step back.

3. Jim, a maintenance employee, continually makes comments to Dominique, a cafeteria employee, such as, "You look dynamite in those jeans." The comments make Dominique uncomfortable.

4. José put a picture of a woman in a bikini in the lunch room. Harriet found this amusing and hung a picture of a man in jockey shorts next to the woman in the bikini.

5. Ann, a computer programmer, told her friend, "The men working in my office are always telling stories about their sexual escapades. This bothers me so much; I find it embarrassing and I can't concentrate on my work."

6. Maria recently ended her relationship with Tony. At work, he continues to send her love letters through the office e-mail, and frequently leaves gifts for her at her desk. She has more than once told him to stop.

7. Geraldo tells Donna that she dresses nicely and that he likes her taste in sweaters.

8. Gale has always been "one of the boys." She always held her own with the jokes, even the sexual ones, and with regard to the pranks gave as much as she took. Yesterday she told her supervisor, "The guys are making crude jokes all the time. They're not funny to me and I can't stand it any longer.

9. Kathleen met with her employee, Ted, to discuss work. She praised the work Ted had done over the last six months. Ted stated that he would be willing to do whatever was necessary to get a promotion, even if it was personal.

10. Harry bumps into Denise in the cafeteria line. He apologizes.

11. Bolu asks Barbara, a co-worker, to join him for a drink after work. She says she would be delighted.

Adapted from Shattuck and Williams, 1993

NEWSLETTER

for Workplace Violence Prevention

AUGUST 2015

Domestic Violence in the Workplace: 5 Lessons Learned from Massachusetts

By Jean Haertl

In August 2014, Massachusetts joined Illinois to become one of several states in the country to pass a law allowing unpaid employment leave for victims of domestic violence, sexual assault and stalking. As one of the architects of the first drafts of Massachusetts's Chapter 260 in 2005, modeled after the Massachusetts Executive Branch state program, I was both relieved and anxious to see how employers would implement several of the critical policy mandates. With over two decades of serving victims of violence in Massachusetts, as a former advocate and director of a shelter and legal advocacy program for battered women and children, and most recently as the State's former Director of Workplace and Domestic Violence, my experience has taught me that even with progressive laws in place, much can go wrong when employers attempt to implement them.

In this article, I offer a few suggestions to assist employers in how best to address employees struggling with domestic violence, understanding that no new state law may be effectively implemented in organizations with the simple issuance of a policy. For victims to truly benefit from leave remedies and resources, employers must embrace and implement a best practice program, including education and training for their entire workforce. The five lessons outlined below will help guide employers to implement a truly comprehensive program that will support effective and safe interventions for victims of abuse.

Lesson # 1

Without the CEO, it's Not a Go

The leader of your company must send a clear and authentic message to managers and employees that addressing domestic violence and supporting employees are top priorities. Every subsequent action taken by the company's leader, and all managers, must support the safety, confidentiality and well-being of victims and co-workers.

In 1997, Massachusetts' Governor, Paul Cellucci, issued an Executive Order granting 15 days of paid leave for victims, and made training for 45,000 managers and employees mandatory. At his cabinet meeting, he made it clear that this policy was "personal and critical" to him, and he expected every manager to take it seriously and ensure training and resources were available to every employee in the state. These were not empty words, nor political sound bites, and without this commitment from the top, it would not have been possible to successfully address all the push back from managers that often resulted from complicated victim leave and workplace safety cases.

In one memorable case, a state employee's abuser was released from prison on an ankle bracelet program. The victim, understandably fearful, informed her manager that she would need a few days off to relocate to a safer home. The manager, untrained and fearful that he would say or do the wrong thing, sent an e-mail to 25 managers with her personal story, including

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her home address, indicating that "employees sitting near her cubicle are concerned for their safety." The employee, out on sick leave, subsequently received 15 calls in one hour from multiple senior managers requesting the "details of her abuse and situation." She contacted me and told me she was "mortified that so many managers, including people she didn't know, were calling her demanding she retell personal details of her story." While she was granted an additional 5 days of paid leave after her sick time was exhausted, it was coded by payroll as "DV leave," which violated the confidentiality provisions of the Executive Order . When I asked why the payroll department had created the leave code, they informed me that the agency needed to "track the number of employees using the domestic violence leave." Although I asked them to remove this code and simply code it as 'Leave with Pay,' they refused until they received a call from the Governor. The victim in this case was later informed by the Chief Operating Officer of the Agency that she would be relocated to an alternate office 100 miles from her home due to "serious concerns regarding workplace safety." Yet another call from the Governor helped to ensure that this unnecessary undue hardship was not placed on the victim. In organizations large and small, these kinds of policy questions will arise, and it is critical that human resources professionals and managers have the support of their leadership in addressing them.

Lesson #2

What you don't know can hurt everyone: The Blame Game and Boundaries

Even today, after years of successful education and awareness efforts identifying domestic violence as a serious workplace safety issue, the biggest barrier for employers in addressing domestic violence in the workplace remains the fact that victims often **do not and will not** disclose abuse that is impacting their performance or potentially their workplace safety. Progressive leave laws and clear organizational policies cannot benefit the intended employees if they are in fear of coming forward. Because victims are often silent, leadership may marginalize domestic violence initiatives believing that only a small fraction of their employees may be struggling with it. Victims still feel blamed and stigmatized, fearful of retaliation from their employers and/or from their abusers.

A brief look back at the history of legal cases involving leave for victims clearly demonstrates victims have had a reason to be afraid. In Massachusetts, Sophia Apessos was assaulted by her husband on a Saturday in July 2000. She called the police, who arrested her husband. She then left a message for her employer, saying she would have to miss work that Monday to go to court for a protective order. That Monday, she went to court and, as the police suggested, got her locks changed. She spoke that day to her supervisor, and said she would be at work the next day. When she went to work Tuesday morning, she was fired. The Supreme Court subsequently ruled in her favor citing that "no employee should have to choose between her employment and her safety" (*Apessos v. Memorial Press Group*, Mass. Super. Ct. Sep. 30, 2002).

Employees who experience abuse outside of work suffer in silence as they struggle to maintain their performance at work, often calling in sick with no clear indication that relationship abuse is the reason for their absences. Many myths surrounding domestic violence and sexual assault exist in the minds of co-workers and managers. Human resources professionals, managers and co-workers continue to struggle with victims who request time-off, only to return to the abuser. Often in training, I will ask participants to envision walking to their car and seeing a stranger smashing in their front windshield with a baseball bat. I ask participants what their first thoughts might be upon seeing this frightening scene. I ask if they would be thinking *"there must be something wrong with my car—people keep hitting it?"* Participants often

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laugh at the insanity of this statement, knowing that if someone were truly smashing in their car, it would be a crime and the car would have nothing to do with inciting it. However, when a victim comes forward, receives benefits, leave or resources, and then returns to her abuser, I often hear statements like, "What is wrong with her, she doesn't have the self esteem to do the right thing and leave—we can't give her any more time—why would she go back?" The focus ought to be placed on the one responsible—the abuser—yet it is often directed at the victim. Most often, the employer is completely unaware of the manipulative tactics the perpetrator is using to keep the victim trapped in the relationship. As I tragically learned early on in my career as a legal advocate for victims, perpetrators are experts at inciting very real fear in victims, particularly when victims are taking steps to leave, or in the case outlined below, preparing to testify against them.

Tuna Fish Woman

During my time as a legal advocate within a police department, one of my first domestic violence cases in court involved a 35-year-old woman named, "Jan." Jan was run over by her drug dealer husband and paralyzed from the waist down. I spent hundreds of hours on the hotline encouraging her to testify against him, believing strongly that she would die if she returned to him. On the day of the pre-trial hearing, as she was wheeled into court by her brother, I noticed she was carrying what appeared to be a sandwich wrapped in tinfoil. I asked her if she had brought lunch in—to which she softly replied, "No it's not for me—it's a tuna fish sub for my husband—could you please bring it down to lockdown so he can have it?" My heart froze and I instantly became angry as I tried to maintain my composure—blame must have seeped out of my pores like poison. Training had taught me the right words to say, but my face must have said it all as she was wheeled out of court and all charges were dropped against her husband. She returned to him the next day. I saw this moment as one of my greatest failures, since I could not, with all my hard work, convince this woman to leave. Years later, while I was sitting at my desk at a new job, I received a call from the Clerk of Courts who informed me that "some lady who calls herself the 'Tuna Fish Woman'" wanted to speak with me. She spoke softly and thanked me for that day in court. I asked her why she would thank me—as I clearly did not do anything to help her. She told me that while she could not leave at the time because her husband had threatened to slit her throat, and kill her children if she testified, she was grateful that I never once made her feel ashamed of her decision. She told me she had no place to go because her family blamed her for going back to him so many times. She then broke down in tears and said her employer had fired her two days prior to the court date due to excessive absences from work. The call ended with her telling me she had just received a protective order from the court, had finally left him and was safe in a shelter.

My experience with "Jan" transformed me and how I work with victims. As I tell every employer, you have no control over when, if, or how a victim leaves her abuser, but every time you do not blame, but rather communicate, in your words and voice, that you understand why she may be unable to leave, you are making an investment in that employee. Employees who are victims are far more likely to re-engage human resources or managers with valuable security information and requests for assistance if they feel they are not being blamed. Remember your role as an employer is to offer support, implement workplace safety plans and extend resources without blame; it is not to be "the expert" who offers legal advice or counseling. Looking back on what happened with "Jan," I can now see that my own ego and need to control took precedence over a true understanding that some victims cannot instantly leave abusive relationships and remain safe. The most powerful and meaningful response in these cases, is to simply offer resources and continued support, regardless of whether the victim remains in, or leaves, the abusive relationship. This may mean

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that granting an employee a short-term leave, under new legislative or policy mandates, must never be contingent on whether the victim leaves the abuser, or utilizes outside resources. Recognizing that we all have blaming thoughts becomes a critical first step to eliminating them. If we do not let go of these and continue to silently or overtly blame the victim, we will not be able to properly implement any policies, leave laws or programs designed to help employees. Finally, in coordination with the roll-out of any domestic violence in the workplace policy and training, employers must create a climate that encourages victim disclosures and maintains confidentiality to the extent practicable. Once this is accomplished, resource information including emergency hotlines, local programs and human resources contact information should be readily available and posted in restrooms within the organization to ensure employees can obtain this information in a "private" location.

Why Employees May Not Disclose

- Confidentiality concerns
- Fear of stigma
- Fear of retaliation from abuser/being fired
- Skeptical of institutional response
- Unaware of company/community policy and resources
- Cultural barriers

Lesson #3

Surprises Should Be Reserved for Magic Acts: Policies and Training

By far one of the biggest mistakes employers make is establishing a domestic violence or leave policy without providing training to managers and employees. A policy, regardless of how well it is written, is truly useless if no one knows about it or understands it. It also may increase liability risks for the employer, if the employer fails to properly implement it. No employee who is struggling with abuse outside the workplace wants to be "surprised" when he/she discloses the issues only to discover that the company is required to take certain actions, however well-intentioned. For example, employers with policy language that "requires" victims of domestic violence to provide copies of active restraining/protective orders to human resources, will sometimes find that victims are reluctant to provide these orders because they fear retaliation. Moreover, employees may have concerns about "who in the company" will have access to the protective order. Employers who immediately "reach out to police" upon a disclosure from an employee involving no imminent workplace safety risks, will find this practice creates a chilling effect for employees who may not be ready to contact law enforcement, and will now be less likely to come forward to the employer in the future. Any good policy should contain several core components:

- A clear definition of what constitutes domestic violence, sexual assault and stalking, including a broader statement that reaches beyond your state laws and captures non-physical controlling behaviors.
- A clear definition of the benefits including leave, resources and a non-retaliation clause to encourage victims to come forward, clear directives as to the roles of management, human resources and employees in responding to victims.
- A statement encouraging victims to come forward with protective orders.
- A statement indicating that employers will assist victims with workplace safety planning.
- A statement prohibiting the use of company equipment or work resources to commit the crimes of domestic violence, sexual assault or stalking.
- A clear statement regarding confidentiality including the circumstances under which an employer would need to contact law enforcement.

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- A list of local and state resources including domestic violence, sexual assault and stalking non-profit hotlines, programs and local district attorney's offices.

While domestic violence policy language may be incorporated into an organization's workplace violence policy, given the unique challenges and complexity of these cases, organizations may choose to establish a separate stand-alone policy that can more adequately address issues of confidentiality, workplace safety planning and reporting requirements.

Responding to a Survivor

- Make sure you are in a private location
- Be aware of your own non-verbal behavior
- Listen in a helpful, non-judgmental manner
- Recognize the survivor for his/her efforts in coming forward
- Be sensitive to "language" that may indicate abuse
- Believe her/him
- Encourage contact with trained company personnel designated to respond to victims

Make an investment in the employee, even if he/she is not ready.

Training

Ensuring that all employees receive training to understand why and exactly how domestic violence, sexual assault and stalking will be handled will minimize employee fears and increase the chances that victims will actually "use the policy" once it has been established. As a consultant, I am often called upon to provide workplace violence prevention training to companies. More often than not, when asked about training priorities these days, employers ask that I cover the "Active Shooter," a critical, albeit rare, potential workplace event that has gained attention after multiple shootings across the country. Domestic violence is rarely mentioned as a training focus, although its workplace impact is far more prevalent.

Any employers approaching training on domestic violence, sexual assault and stalking in the workplace should read the following:

1. Training leadership must precede any training to employees and should be delivered in coordination with the issuance of the company policy. If training is delivered to employees first, employees may disclose issues of domestic violence, sexual assault or stalking to an untrained and unprepared manager, who may not respond appropriately. This can create liability, as managers with good intentions may cross boundaries, give advice instead of resources, and unnecessarily violate confidentiality provisions. In addition, while policy language may direct employees to Human Resources, employees may choose to confide in another employee, or any manager with whom they feel more comfortable. Therefore, it is essential that all managers understand what **NOT** to say and do, and are able to provide some basic information.

2. Training should NOT be done via 'e-learning' if at all possible. While e-learning and on-line classes can be truly valuable to ensure large international workforces receive basic policy and company information, most e-learning seminars do not provide an interactive environment that meaningfully addresses the often complex legal and safety questions that can arise from participants. If an organization uses an e-learning tool, it is best used in new employee training sessions, or as a supplement to other training and should not take the place of live delivery by subject experts. Managers, human resource and legal personnel must be afforded ample opportunity to practice responding to potential victims, including how to triage cases, apply policy components and develop comprehensive workplace safety plans. From training more than 40,000 employees and

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managers in the Commonwealth, I learned that managers need to understand the myths, state laws, victim blaming and safety challenges facing victims before they can properly implement core policy components.

3. Training should be informed by, and/or delivered in coordination with, local domestic violence, sexual assault and stalking program experts. Partnering with your local domestic violence non-profit and victim/witness program is an excellent way to ensure that employers both understand the resources available to employees, and utilize their expertise in the development and delivery of meaningful and well-informed training. Although Employee Assistance Programs (EAPs) may provide critical guidance and support in these cases, employers must be careful, since not all counselors understand the laws and complex issues facing victims. Advocates from within the confidential 24 hour programs and within the courts will be best able to help employees with free and confidential safety plans, protective orders and ongoing counseling.

4. Training should be mandatory and allow for adequate time to cover the material. Some employers are resistant to making any training mandatory. Nobody likes to hear that they "must attend" training given busy schedules. It is absolutely critical that leadership make it mandatory. Massachusetts state employees and managers were directed through the Governor's Executive Order to receive training within a certain time period, with all participants signing acknowledgement of their agency's policies and protocols on domestic violence. If the Governor had not made this mandatory, there is no doubt that only those managers with the "time" would have attended. Last year, I was asked to train an international banking company. Human resources sent out invitations to managers requesting that they attend the "kick off training" to learn about workplace and domestic violence prevention. While there were 300 managers employed in the region, I walked into an audience of 10. The reason for this was simple: Leadership had not made the training a priority, and had made participation optional. Trainers should allow at least 2 – 3 hours for managers' training, which needs to include ample time allotted for role-plays, case studies and a discussion of exactly how core policy mandates will be addressed. This may seem like a lot of time, but if the training is well informed, engaging and delivered by subject experts, employers will recognize it is essential.

Top Mistakes Employers Make

- Assuming the role of "expert"
- Failing to establish consistent protocols
- Disregarding "confidentiality" concerns
- Not involving the victim in decision-making
- Advising/judging the victim
- Ignoring workplace safety planning
- Failing to implement training effectively

Lesson #4

Beware of F.E.A.R. (False evidence appearing real) Assessing Immediate Workplace Risk

Many employers and human resources professionals whom I consult with assume that a workplace safety tragedy will ensue once a victim has disclosed abuse. Frantic calls and e-mails are sent internally, with human resources professionals often scrambling to implement a workplace safety plan and protocols for notifying co-workers. While these steps may be necessary given the information you receive from an employee, it is absolutely critical that employers receive training on how to triage these cases immediately. When you walk into the hospital believing you are having a heart attack, your symptoms must be quickly assessed to determine whether what you're experiencing warrants immediate action, or whether those symptoms indicate something less urgent, such

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as an anxiety attack. During comprehensive training to Human Resources and management, I provide strategies on how best to "listen" for domestic violence, sexual assault and stalking, as employees who are victims may be reluctant to disclose abuse and sometimes use minimizing language or give only "hints" that domestic violence may be the issue. I help managers create a climate that encourages disclosure, often suggesting that employers who believe that abuse is the issue make an initial statement to the employee that may include "If you are experiencing any form of abuse or controlling behavior outside of work that is affecting your performance, safety or security at work, I need you to know we take this seriously, handle it as confidentially as we can, and may be able to offer you time off, resources and support." No one can force an employee to disclose information about a sexual assault or violence, but employers can encourage this disclosure by referencing sound policy with an emphasis on predicting the next steps and ensuring only those "with a need to know" will be aware of any particulars. The caveat is that we also must indicate that "if there is an imminent safety risk, we will need to take a few necessary steps." Involving the employee in the decision making is the best way to ensure you are kept in the loop as to developments that may impact workplace safety.

Once a victim feels comfortable in the conversation, a well-trained manager or human resources professional may ask the following questions:

- Are you concerned for your safety at work?
- Has this person ever come to the workplace, or interrupted you at work? (Do not make assumptions about gender or relationship.)
- Do you currently have a protective order against this person?
- Has this person harmed you or threatened to harm you?
- Do you have a helpful support network outside of work?
- What is your greatest concern right now?

Some of these questions may not apply, given what you are hearing from an employee, and surely there are some managers who should never be placed in the role of asking them. The most important question is the last question, as employers often race to an answer without truly understanding what the victim needs in that moment. There are generally two types of scenarios you will hear. They include situations that do not require immediate workplace safety planning, rather the employee is seeking time off, resources or simply wishes to share his/her experience. The second requires immediate action, safety planning and the notification of key company leaders. This should be done in coordination with the employee, with an emphasis on minimizing "surprises" regarding specific actions the employer will be taking. Safety planning may include monitoring calls, steps to increase security by providing police detail outside or inside a workplace site, alternate parking for the employee and escorting him/her to and from workplace parking garages. Information about the perpetrator, including the need for police notification, may be given to security or front desk personnel, but special attention should be paid to ensuring ONLY the relevant details are provided and exclude any specific relationship history between the employee and the alleged perpetrator.

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Tips for Responding Appropriately to Survivors who Self-Disclose

- Do not deviate from your role within your company. Remember you are not the "expert," nor should you assume that role.
- Do not tell the survivor what to do. Instead present available options.
- Do not make promises about workplace, legal, police or any other form of possible interventions.
- Do not investigate, blame, promise, advise, criticize or promise workplace outcomes.

Lesson #5

Remove the Barriers to Employment Leave Benefits

Prior to granting any short-term employment leave for victims related to domestic violence, sexual assault or stalking, employers should first consult with their labor and employment counsel to applicable state and federal laws and relevant company policies. Based on my work with victims, both in local and state government, and within private industry, I offer a few considerations for employers considering victim leave remedies:

1. If an employee requests short-term (1 – 15 days) leave based on domestic violence, sexual assault or stalking, whenever possible—**give it to them.** Remove any and all barriers to help ensure victims take the time off they need, even if you have doubts about the "authenticity" of their statements. In my twelve years as Director of the Governor's Commission on Domestic Violence, and as the Workplace Violence Director, I was charged with advising employers on how to best determine whether an employee was eligible for the paid leave outlined within the state's policy. In the majority of cases, the employer questioned the need for time and in some cases hinted that there may be "abuse of the leave policy" by the employee. Ironically, those employees who struggle with domestic violence may have already used all of their sick and vacation time due to the effects of the abuse and may even be written up for "excessive absences." My answer to these managers was always the same: give them the time off. Code the time off as 'Leave with Pay.' It takes a tremendous amount of courage for victims to disclose abuse at work, and yet such a disclosure is still often met with blame, stigmatization, and considerable distress for the victim. There is no need to "second guess" the employee at this point because the likelihood of "abuse of leave" is very small. However, if an employer creates barriers to victim leave, such as multiple requests to the employee for documentation, the likelihood that the victim will shut down and fail to provide the employer with updates on critical safety information is very high. Victims need the income from their employment in order to free themselves from abusers. State leave legislation, such as Massachusetts Chapter 260, was written in the spirit of "eliminating barriers," so that victims could receive workplace remedies without fear of retaliation or termination from their employers.

2. **Do not require unnecessary documentation in order to grant adequate leave.** Massachusetts Chapter 260 requires employees exhaust their sick, vacation and personal time prior to utilizing paid or unpaid leave related to abuse. Domestic violence, sexual assault and stalking victims are truly afraid to disclose abuse to employers, rarely do so, and are sometimes asked to provide "proof" that they are using the time appropriately. While employers have every right to request documentation, asking victims to obtain court documentation, and police reports in order to take three days off is simply not necessary and may place an undue hardship on a victim who is already struggling to maintain his/her employment. Be sure that the employer's requests for documentation

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of the abuse do not reflect a "blaming the victim" mentality, which will always be ultimately transmitted to the employee as "they don't believe me." Although the new Massachusetts law allows employers to request documentation in order to grant leave provisions, including a police report or statement from a victim/witness advocate, employers may not require a police report or evidence of an arrest. For most employees, a sworn statement from them or their advocate/counselor is preferential and far less daunting and time consuming for the employee.

3. **Maintain confidentiality related to victim leave benefits.** One of the greatest fears that employed victims have is the fear that their personal information related to domestic violence, sexual assault or stalking will be unnecessarily "shared" among multiple managers and possibly co-workers. It is important to establish a small number of core safety team members consisting of legal, risk, security and human resource professionals who will be kept informed of any safety or security protocols related to domestic violence. However, there is simply no need for others to know that an employee is on leave due to domestic violence. In addition, it is absolutely essential that employers establish a leave benefit system that protects the confidentiality of the employee. Using payroll codes that may reveal the reason for the leave, like the "dv code" used by one agency in Massachusetts only serves to undermine this priority.

Over the past three decades, employers have made great strides in reaching out and supporting employees who are survivors of domestic violence, sexual assault and stalking. However, if left unchecked and unchallenged, our own biases and misperceptions relating to victims and perpetrators can quickly undo, and render useless, any well intentioned legislative mandate or policy. We owe it to ourselves and our employees to eliminate these biases and establish truly meaningful programs that support the safety of employees and the dignity of survivors.

About the Author

Jean Haertl is the founder and President of Safety and Respect At Work, LLC, a consulting organization providing workplace violence, bullying and discriminatory harassment prevention in addition to other consulting services. Haertl brings 25 years of experience in working with violent offenders, victims of discriminatory harassment, sexual assault, bullying, domestic violence and workplace violence. For 8 years she served as the first Director of Workplace and Domestic Violence Prevention for the Commonwealth of Massachusetts, a position she established in 2001.

Along with the Governor's Office, she helped to draft the workplace violence executive order for the Commonwealth of Massachusetts, signed by Governor Swift in 2001, the Executive Order on Domestic Violence signed by Governor Paul Cellucci in 1997 and the domestic violence, sexual assault and stalking executive order signed by Governor Deval Patrick in 2007.

Prior to this position, Haertl served for 4 years as Executive Director of the Governor's Commission on Domestic Violence and Sexual Assault, chaired by Governor Paul Cellucci.

Haertl is an honors graduate of Wellesley College. She was awarded a full fellowship to Boston College's Doctoral Program in Social Psychology where she studied gender, power and violence.

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Jean Haertl is the founder and President of **Safety and Respect At Work LLC**, a consulting organization providing workplace violence, bullying and discriminatory harassment prevention and customer service training, policy development, consulting and investigations targeting public private, non-profit and academic institutions across the country. Jean brings 30 years of experience of providing training and conducting investigations into discriminatory harassment, bullying and workplace violence. **Jean serves as a workplace violence expert consultant to OSHA in New England with a focus on Health Care organizations.**

For 12 years she served as the first and only **Director of Workplace and Domestic Violence Prevention for the Commonwealth of Massachusetts**, Reporting directly to four Massachusetts State Governors, Jean regularly investigated high level Governor's appointees, managers and employees in response to complaints of sexual and discriminatory harassment, workplace violence, and bullying- and was also responsible for overseeing all workplace violence prevention policy, and training. Jean delivered discrimination prevention, workplace violence and bullying prevention training to more than 45,000 Executive Branch managers and employees. She regularly partners with the United States Department of Labor, OSHA and the FBI to deliver workplace violence prevention and threat assessment training and consulting for employers. Jean provides annual workplace and Title IX investigations certification training to assist managers in how to promptly and effectively respond to complaints, interview witnesses and draft fact finding reports.**She also served as the EVP of Human Resources for MassDevelopment Finance Authority**.

Along with the Governor's Office, **she drafted the workplace violence executive order for the Commonwealth of Massachusetts, signed by Governor Swift in 2001, the Executive Order on Domestic Violence signed by Governor Paul Cellucci in 1997 and the domestic violence, sexual assault and stalking executive order signed by Governor Deval Patrick in 2007. Along with Senator Cream, Jean drafted the original legislation addressing domestic violence leave in the workplace, signed into law (Chapter 260) by Governor Deval Patrick in 2014.**

Jean served for 4 years as **Executive Director of the Governor's Commission on Domestic Violence and Sexual Assault,** chaired by Governor Paul Cellucci. **She served as Executive Director of the Reach domestic violence and shelter program in Waltham**, a non-profit battered women's program serving over 28 MetroWest communities. She served as **Executive Director of Employers Against Domestic Violence,** a non-profit uniting corporate leaders with advocates to address domestic violence in the workplace.

She **directed the Victim Advocacy Program of the Framingham Police Department, serving as one of the first civilian advocates within a police department in the country.** She is a certified batterers intervention counselor through EMERGE and has co-led first stage groups for men who batter.

Jean is an honors graduate of Wellesley College and attended Boston College's doctoral program in social psychology. She is a graduate of the Massachusetts Commission Against Discrimination investigations, discriminatory harassment prevention and reasonable accommodations training series. She is certified to deliver the MBTI and is a certified batterers intervention counselor through EMERGE.

Elizabeth Durkee

From: Woodbury, David (CDA) <david.woodbury@state.ma.us>
Sent: Thursday, October 04, 2018 11:22 AM
To: Elizabeth Durkee
Subject: RE: conference call

Hi Liz,

The only time I am available tomorrow is from noon-1PM.

If you are available then, we can use the following:
Phone: 515-603-3132
Pin: 956351#

Best regards,
Dave

David H. Woodbury
Hazard Mitigation Grants Coordinator
Massachusetts Emergency Management Agency
400 Worcester Road
Framingham, MA 01702
Desk: 508-820-2034
Fax: 508-820-1468
Email: David.Woodbury@mass.gov
Web: https://www.mass.gov/orgs/massachusetts-emergency-management-agency

From: Elizabeth Durkee [mailto:edurkee@oakbluffsma.gov]
Sent: Thursday, October 04, 2018 10:17 AM
To: Woodbury, David (CDA) <david.woodbury@mass.gov>
Subject: conference call

Hi Dave,

Are you available for a conference call tomorrow with me and Courtney at Foth to talk through the Hazard Mitigation Grant process, for example:

- Which grant program is appropriate for which project?
- Should we apply for two project or is it better to focus on one?
- What are your thoughts on applying for the East Chop bluff through the Resilient Infrastructure grant (we can face off against Boston!)?
- Etc.

Courtney is going to be away for a few weeks so tomorrow would be ideal if you are available. I am free anytime before 1:30 pm
Thanks,
Liz

Conference Call – Questions for Dave Woodbury

- Apply for one or two projects – better to focus all efforts on the priority project?
- Which grant program: HMGP = statewide/HMG = nationwide
- Resilient Infrastructure Category – compete with Boston (and anyone else?) for $10 million?
- BNII – just groin rehab?
- Does Wastewater project qualify? I heard it might not

NOON tomorrow

Cape Cod Municipal Health Group

Steering Committee Meeting

Thursday, October 4, 2018 at 10:00 A.M.

Martha's Vineyard Regional Transit Authority Offices
Edgartown, MA

AGENDA

1. Approval of the minutes of the September 26, 2018 meeting
2. Investment Committee Report
3. Vineyard Wellness Program reports
4. GBS reports
5. CY19 Senior plan rates – Medicare HMO Blue
6. Dependent eligibility audit RFQ
7. Dental Plan RFQ update
8. Pharmacy carveout - update
9. Marketing CCMHG and its programs
10. Health Plan reports
11. Other Business

PBIRx
Intelligent Solutions in Pharmacy Benefits

Cape Cod Municipal Health Group (CCMHG) Rx Analysis

PBIRx Expertise

- Independent Rx Consulting & Auditing Firm
- Analyze and Understand Pharmacy Benefit Options
- Strategize on Best Options
- Implement Strategy

Sample Client Savings

Client	Members	Pre PBIRx	Post PBIRx	Savings	% Savings
Municipality A	7,118	$12,232,341	$9,688,641	**$2,543,700**	**20.8%**
Municipality B	5,472	$8,097,885	$5,864,009	**$2,233,876**	**27.6%**

CCMHG Current Pharmacy Spend

Carrier	Members	Rx Plan Cost	Time Period	PMPM Cost
Harvard Pilgrim	5,034	$5,104,002	8/1/17-7/31/18	**$84.49**
BCBSMA	11,382	$14,892,854	12/1/16-11/30/17	**$109.03**

- **Projected Rx savings of 10-15% or $1,999,685 to $2,999,528**

PBIRx CCMHG Rx Analysis Time Table

October 2018

- Finalize PBIRx Agreement
- Gather information from CCMHG to clearly define the needs and goals specific to CCMHG
- Format a drug specific claims file from current CCMHG for repricing by PBMs selected.
- Develop a customized RFP to send to proposed PBMs and Carriers, both carved in and carved out.

November 2018

- Receive proposals and evaluate responses
- Prepare a report on the proposals and present to the Steering Committee

December 2018

- Facilitate Finalists presentations, if required

612 Wheelers Farms Road | Milford, CT 06460 | t: 203-882-1188 | t: 203-882-1128| e-mail: info@pbirx.com |www.pbirx.com

PBIRx
Intelligent Solutions in Pharmacy Benefits

Cape Cod Municipal Health Group (CCMHG) Rx Analysis

- Negotiate contract with selected vendor

February – June 2019

- Assist with all areas of implementation
- Recommend any plan design considerations

July 2019

- Facilitate annual audits

PBIRx Additional Items

- **Review International Program and analyze an H.S.A. Formulary Option**
- **Consider Regional Pharmacy Network Partnerships**

PBIRx Strategic Consulting

- Monthly Clinical Review and Financial Analysis of the PBM
- Actionable Data & Reporting
- Efficient and Correct Plan Design Recommendations
- Client Specific & Flexible Clinical Opportunities
- High Cost Utilizers- True Rx Management
- Regional Pharmacy Network Options
- International Rx Optimization
- Service Issue Facilitator
- Audit- 100% Claims, Rebates, Plan Design
- Contract Renewal Management

Cape Cod Healthy Connections, LLC
Deanna L. Desroches, Director
92 Homers Dock Road
Yarmouth Port, MA 02675
508-631-7263
capecodhealthyconnections@gmail.com
www.capecodhealthyconnections.com

Memo

To: CCMHG Steering Committee Members

From: Deanna L. Desroches, Wellness Consultant

Date: 9/16/2018

Re: Wellness Program Updates

Pease find updates to all programs offered:

Biometric Screenings:

- Met with nurses and staff to recap year and plan for upcoming year.
- Started scheduling for the year.

Couch to 5K Program:

- Barnstable program started on August 14th.
- Weekly runs from Bike Trail in Yarmouth on Saturday mornings.

Walking Programs:

- Yarmouth "senior" program will continue through October 25th. We lost two teachers but gained two new retirees and are holding steady with 12 members.
- The Summer Steps program wrapped up with 75% of participants completing their goal of reaching 196,000 steps in 6 weeks (average 7,000 steps or 3.5 miles/day). Members were awarded 25 points on the wellness portal for successful completion.
- Looking into an after school program in Mashpee and a lunchtime program in Dennis and/or Mashpee as well.
- Secured HYCC for Winter Walking Program.

Wellness Portal:

- As of August 31st:
    - We have 482 members enrolled; this is up another 36 members in August!
    - Since July 16th (kickoff date) 110 members have already completed HRA's and will receive $25 gift cards. (last year we had a total of 175 completed for the entire year)

- There were 532 web logins and 232 app logins during August
- We had 38 members obtain the annual goal of 100 points. These members all received $35 gift cards and 4 of them received an additional $200.

Maintain Don't Gain:

- Started gearing up for this year's program and reserved HYCC for Walks.

Monthly Challenges:

- Preparing for challenges to kick off on January 1st.

Newsletter:

- Your Health Matters August 2018 was distributed.

Pilot Program Development:

- Biking program wrapped up.
- Yoga program to take place at Cape Light Compact on October 2nd.

Incentive Program:

- Designs were approved and proofed and we are on target for a July 1st mailing.

Nutrition:

- Offering 5 week program "Good Intentions" in Sandwich beginning October 2nd.

Balance Sheet

Cape Cod Municipal Health Group
As at 30 June 2018

	30 Jun 2018	30 Jun 2017
Assets		
Cash and Cash Equivalents		
Pooled Cash	25,623,842	10,658,310
Total Cash and Cash Equivalents	**25,623,842**	**10,658,310**
Other Non-current Assets		
Investment in Reinsurance Pool	828,879	554,570
Total Other Non-current Assets	**828,879**	**554,570**
Deposits		
Dental Working Fund Deposit	481,640	451,540
Prescription Claims Deposit	-	30,538
Total Deposits	**481,640**	**482,078**
Investments		
Investments	15,313,202	14,905,085
Total Investments	**15,313,202**	**14,905,085**
Receivables		
Allowance for Uncollectible Accounts	(10,000)	(10,000)
Member Premiums Receivable	(665,971)	2,712,116
Reinsurance Receivable	1,658,270	1,443,700
Total Receivables	**982,298**	**4,145,815**
Total Assets	**43,229,861**	**30,745,858**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Rounding	(31)	(73)
Total Current Liabilities	**(31)**	**(73)**
Accounts Payable & Accrued Expenses		
Accounts Payable	1,054,443	490,028
Accrued Expenses	1,255,046	1,177,604
Unallocated Member Payments	18,546	18,415
Total Accounts Payable & Accrued Expenses	**2,328,035**	**1,686,047**
Amounts Due to (from) Claims Administrators		
Amount due (to)/from HPHC	655,091	686,752
Amounts due (to)/from BCBS	589,399	2,217,777
Prescription Claims Payable	27,268	6,026
Total Amounts Due to (from) Claims Administrators	**1,271,759**	**2,910,554**

Balance Sheet

	30 Jun 2018	30 Jun 2017
Estimated Incurred But Not Reported Claims (IBNR)		
Estimated Claims IBNR - BCBS	7,741,994	6,426,538
Estimated Claims IBNR - Dental	822,575	542,055
Estimated Claims IBNR - HPHC	2,959,222	2,799,272
Total Estimated Incurred But Not Reported Claims (IBNR)	**11,523,792**	**9,767,865**
Unearned & Prepaid Revenue		
Prepaid COBRA Premiums	38,933	38,466
Total Unearned & Prepaid Revenue	**38,933**	**38,466**
Total Liabilities	**15,162,487**	**14,402,860**
Equity		
Beginning of Year Net Assets - Dental	3,729,192	3,123,994
Beginning of Year Net Assets - Trust	12,613,806	13,483,536
Current Year Earnings	11,724,377	(264,533)
Retained Earnings	-	-
Total Equity	**28,067,375**	**16,342,998**
Total Liabilities and Equity	**43,229,861**	**30,745,858**

Cape Cod Municipal Health Group

Enrollments on June 28, 2018

Health Plan	*Individual*	*SP/SC*	*Family*	*Totals*	*% of Total*
Blue Care Elect PPO	938	57	1,165	2,160	*31.6%*
Network Blue HMO	1,108	83	1,340	2,531	*37.1%*
Master Health Plus	19	1	13	33	*0.5%*
HPHC PPO	271	25	298	594	*8.7%*
HPHC HMO	597	52	864	1,513	*22.1%*
Totals	**2,933**	**218**	**3,680**	**6,831**	*100.0%*

HMO:	***59.2%***
PPO:	***40.3%***
Indemnity:	***0.5%***

High Deductible Health Plans (HDHP)	*Individual*	*SP/SC*	*Family*	*Totals*	*% of Total*
Blue Care Elect PPO Saver	40	2	77	119	*31.3%*
Network Blue HMO Saver	42	3	57	102	*26.8%*
HPHC PPO	19	3	21	43	*11.3%*
HPHC HMO	58	3	55	116	*30.5%*
Totals	**159**	**11**	**210**	**380**	*100.0%*

HMO:	***57.4%***
PPO:	***42.6%***

HDHPS as % of all active employee plans	***5.3%***

Senior Plans	*Individual*	*% of Total*
Medex	3,593	*80.4%*
Managed Blue for Srs.	22	*0.5%*
Medicare HMO Blue	6	*0.1%*
HPHC Medicare Enhance	764	*17.1%*
Tufts Medicare Prime Supplement	63	*1.4%*
Tufts Medicare Preferred HMO	22	*0.5%*
Totals	**4,470**	*100.0%*

Group Benefits Strategies

Cape Cod Municipal Health Group

Group Health Insurance
Funding Rate Analysis by Plan

Policy Period 7/1/2018 - 6/30/2019

Claims paid through August 2018

10/3/2018

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19

(Analysis for 2-month, 7/18 - 8/18)

NOTE: Month shown below represents month claims paid by health plan

BLUE CROSS AND BLUE SHIELD

(Enrollments per BCBS cost/contract invoices)

Master Health Plus	Individual	2-Person	Family	Funding Rate Total	*BCBS projected monthly claims*	Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	19	1	13	$ 87,732	$ 76,065	$ 25,367	$ 1,989	$ 1,294	$ -	$ 28,649	32.7%
August	19	1	13	$ 87,732	$ 76,065	$ 13,907	$ 1,989	$ 1,294	$ -	$ 17,189	19.6%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:											
7/18 Funding Rates:	$ 1,640	$ 3,285	$ 4,099	$ 175,464	*$ 152,130*	$ 39,274	$ 3,978	$ 2,587	$ -	$ 45,839	
					Actual/Projected:	**25.8%**				Cost/Funding:	**26.1%**

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19
(Analysis for 2-month, 7/18 - 8/18)
NOTE: Month shown below represents month claims paid by health plan

BLUE CROSS AND BLUE SHIELD
(Enrollments per BCBS cost/contract invoices)

BLUE CARE ELECT PREFERRED DED	Individual	2-Person	Family	Funding Rate Total	*BCBS projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	938	59	1,172	$ 4,475,165	*$ 4,000,542*	$ 3,440,195	$ 128,188	$ 98,935	$ (695)	$ 3,666,623	81.9%
August	937	55	1,160	$ 4,431,352	*$ 3,961,400*	$ 3,911,119	$ 127,183	$ 97,875	$ -	$ 4,136,178	93.3%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:				$ 8,906,517	*$ 7,961,943*	$ 7,351,314	$ 255,371	$ 196,810	$ (695)	$ 7,802,801	
7/18 Funding Rates:	$1,121	$2,249	$2,808		Actual/Projected:	**92.3%**				Cost/Funding:	**87.6%**

BLUE CARE ELECT PREFERRED DED HSA Qualified Plan	Individual	2-Person	Family	Funding Rate Total	*BCBS projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	39	2	75	$ 216,096	*$ 191,179*	$ 39,790	$ 6,856	$ 5,791	$ -	$ 52,436	24.3%
August	39	2	79	$ 225,476	*$ 199,473*	$ 134,984	$ 7,092	$ 6,051	$ -	$ 148,127	65.7%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:				$ 441,572	*$ 390,651*	$ 174,774	$ 13,948	$ 11,842	$ -	$ 200,563	
7/18 Funding Rates:	$935	$1,878	$2,345		Actual/Projected:	**44.7%**				Cost/Funding:	**45.4%**

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19
(Analysis for 2-month, 7/18 - 8/18)
NOTE: Month shown below represents month claims paid by health plan

BLUE CROSS AND BLUE SHIELD
(Enrollments per BCBS cost/contract invoices)

NETWORK BLUE Deductible	Individual	2-Person	Family	Funding Rate Total	*BCBS projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	1,117	83	1,339	$ 4,185,776	*$ 3,934,626*	$ 2,835,779	$ 154,244	$ 111,247	$ (183,575)	$ 2,917,695	69.7%
August	1,107	82	1,350	$ 4,200,798	*$ 3,948,744*	$ 3,709,993	$ 154,244	$ 111,739	$ (97,086)	$ 3,878,891	92.3%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2018				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:				$ 8,386,574	*$ 7,883,370*	$ 6,545,772	$ 308,489	$ 222,986	$ (280,661)	$ 6,796,586	
7/18 Funding Rates:	$858	$1,731	$2,303		Actual/Projected:	**83.0%**				Cost/Funding:	**81.0%**

NETWORK BLUE Deductible HSA Qualified Plan	Individual	2-Person	Family	Funding Rate Total	*BCBS projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	40	3	56	$ 140,982	*$ 130,876*	$ 64,244	$ 6,014	$ 4,507	$ -	$ 74,766	53.0%
August	41	3	57	$ 143,627	*$ 133,333*	$ 109,670	$ 6,136	$ 4,593	$ -	$ 120,398	83.8%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:				$ 284,609	*$ 264,209*	$ 173,914	$ 12,150	$ 9,100	$ -	$ 195,164	
7/18 Funding Rates:	$718	$1,450	$1,927		Actual/Projected:	**65.8%**				Cost/Funding:	**68.6%**

Group Benefits Strategies

September, 2018

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19

(Analysis for 2-month, 7/18 - 8/18)

NOTE: Month shown below represents month claims paid by health plan

BLUE CROSS AND BLUE SHIELD

(Enrollments per BCBS cost/contract invoices)

MEDEX II with PDP	Individual	Medical only Funding Rate Total	*BCBS projected monthly med. claims*	ACTUAL Paid Med. Claims*	Administration	Medical only Actual NET Total Costs**	Cost/Funding Ratio	Informational only Fully Insured PDP (Rx) Premiums
July, 2018	3,587	$ 730,923	$ 563,697	$ 480,326	$ 71,453	$ 551,779	75.5%	$ 546,049
August	3,611	$ 735,813	$ 567,469	$ 591,171	$ 71,931	$ 663,102	90.1%	$ 549,703
September	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
October	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
November	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
December	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
January, 2019	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
February	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
March	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
April	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
May	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
June	-	$ -	$ -	$ -	$ -	$ -	0.0%	$ -
Totals to date:		$ 1,466,736	$ 1,131,166	$ 1,071,497	$ 143,384	$ 1,214,881		
			Actual/Projected:	**94.7%**		Cost/Funding:	**82.8%**	
1/18 Funding Rates:	$356							

CY18 Medical only + fees Funding:	$203.77	Used to calculate funding
CY18 PDP Premiums	$152.23	
CY 18 Full Rate	$356.00	
CY18 Medical only claims factor:	*$157.15*	

** Eff. 1/1/15 paid claims for Medical Only*

*** Eff 1/1/15 Total Net costs for Self Funded Medical*

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19
(Analysis for 2-month, 7/18 - 8/18)
NOTE: Month shown below represents month claims paid by health plan

HARVARD PILGRIM HEALTH CARE
(Enrollments per GBS monthly warrants)

HVD-PILGRIM PPO Deductible	Individual	2-Person	Family	Funding Rate Total	*HPHC projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	268	25	302	$ 1,044,478	*$ 910,150*	$ 677,158	$ 42,382	$ 26,661	$ (13,477)	$ 732,725	70.2%
August	270	26	299	$ 1,040,796	*$ 906,888*	$ 837,003	$ 42,382	$ 26,572	$ (16,505)	$ 889,452	85.5%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:											
7/18 Funding Rates:	$935	$1,870	$2,474	$ 2,085,274	*$ 1,817,038*	$ 1,514,161	$ 84,764	$ 53,233	$ (29,982)	$ 1,622,176	
					Actual/Projected:	**83.3%**				Cost/Funding:	**77.8%**

NOTE: Paid claims totals shown above per monthly claim invoice(s).

HVD-PILGRIM PPO Deductible HSA Qualified Plan	Individual	2-Person	Family	Funding Rate Total	*HPHC projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	19	3	21	$ 60,368	*$ 51,741*	$ 45,631	$ 3,063	$ 1,943	$ -	$ 50,637	83.9%
August	20	3	22	$ 63,099	*$ 54,083*	$ 20,861	$ 3,205	$ 2,028	$ -	$ 26,095	41.4%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:											
7/18 Funding Rates:	$740	$1,499	$1,991	$ 123,467	*$ 105,824*	$ 66,492	$ 6,268	$ 3,972	$ -	$ 76,732	
					Actual/Projected:	**62.8%**				Cost/Funding:	**62.1%**

NOTE: Paid claims totals shown above per monthly claim invoice(s).

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19
(Analysis for 2-month, 7/18 - 8/18)
NOTE: Month shown below represents month claims paid by health plan

HARVARD PILGRIM HEALTH CARE
(Enrollments per GBS monthly warrants)

HVD-PILGRIM EPO Deductible	Individual	2-Person	Family	Funding Rate Total	*HPHC projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	601	51	865	$ 2,570,291	*$ 2,378,368*	$ 1,921,182	$ 108,056	$ 71,659	$ (36,363)	$ 2,064,534	80.3%
August	597	50	863	$ 2,560,621	*$ 2,369,425*	$ 1,912,133	$ 107,557	$ 71,383	$ (19,313)	$ 2,071,760	80.9%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:											
7/18 Funding Rates:	$852.00	$1,704.00	$2,279.00	$ 5,130,912	*$ 4,747,794*	$ 3,833,315	$ 215,613	$ 143,042	$ (55,676)	$ 4,136,294	
					Actual/Projected:	**80.7%**				Cost/Funding:	**80.6%**

NOTE: Paid claims totals shown above per monthly claim invoice(s).

HVD-PILGRIM EPO Deductible HSA Qaulified Plan	Individual	2-Person	Family	Funding Rate Total	*HPHC projected monthly claims*	ACTUAL Paid Claims	Administrative Cost	Reinsurance Premium	Reinsurance Reimbursements	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	58	4	54	$ 142,168	*$ 130,998*	$ 84,058	$ 8,263	$ 4,940	$ -	$ 97,261	68.4%
August	58	3	56	$ 144,425	*$ 133,014*	$ 74,764	$ 8,334	$ 5,005	$ -	$ 88,103	61.0%
September				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
October				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
November				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
December				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
February				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
March				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
April				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
May				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
June				$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:											
7/18 Funding Rates:	$672	$1,363	$1,810	$ 286,593	*$ 264,013*	$ 158,822	$ 16,597	$ 9,946	$ -	$ 185,364	
					Actual/Projected:	**60.2%**				Cost/Funding:	**64.7%**

NOTE: Paid claims totals shown above per monthly claim invoice(s).

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19

(Analysis for 2-month, 7/18 - 8/18)
NOTE: Month shown below represents month claims paid by health plan

HARVARD PILGRIM HEALTH CARE
(Enrollments per GBS monthly warrants)

HPHC MED. ENHNC.	Individual	Medical only Funding Rate Total	*HPHC projected monthly med. claims*	ACTUAL Paid Med. Claims*	Administrative Cost	Medical only Actual NET Total Costs**	Cost/Funding Ratio	Informational only Fully Insured PDP (Rx) Premiums
July, 2018	767	$ 130,283	*$ 107,472*	$ 127,717	$ 20,671	$ 148,388	113.9%	$ 140,468
August	769	$ 130,622	*$ 107,752*	$ 89,961	$ 20,725	$ 110,686	84.7%	$ 140,835
September		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
October		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
November		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
December		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
January, 2019		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
February		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
March		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
April		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
May		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
June		$ -	$ -	$ -	$ -	$ -	0.0%	$ -
Totals to date:		$ 260,905	*$ 215,224*	$ 217,678	$ 41,395	$ 259,073		
			Actual/Projected:	**101.1%**		Cost/Funding:	**99.3%**	

1/18 Funding Rates: $353

NOTE: Paid claims totals shown above per monthly claim invoice(s).

CY18 Medical only + fees Funding:	$ 169.86	Used to calculate funding
CY18 PDP Premiums	$ 183.14	
CY18 Full Rate	$ 353.00	
CY18 Medical only claims factor:	*$ 140.12*	

*Eff. 1/1/15 paid claims for Medical Only
** Eff. 1/1/15 Total Net costs for Self Funded Medical

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

POLICY PERIOD 7/1/18- 6/30/19

FUNDING ANALYSIS SUMMARY FOR SELF-FUNDED HEALTH PLANS

ANALYSIS PERIOD: 2-mos. 7/18 - 8/18

HEALTH PLAN	*Estimated Funding (rates x enrollments)*	*Estimated Plan * NET Costs*		*Estimated Funding Surplus/(Shortfall)*
Master Health Plus	$ 175,464	$ 45,839	**26.1%**	$ 129,625
Blue Care Elect Preferred	$ 8,906,517	$ 7,802,801	**87.6%**	$ 1,103,716
BCE High Ded. HSA	$ 441,572	$ 200,563	**45.4%**	$ 241,009
BCBS Network Blue Ded.	$ 8,386,574	$ 6,796,586	**81.0%**	$ 1,589,988
BCBS NWB Ded HSA	$ 284,609	$ 195,164	**68.6%**	$ 89,445
BCBS Medex Enhance	$ 1,466,736	$ 1,214,881	**82.8%**	$ 251,855
Harvard Pilgrim PPO Ded.	$ 2,085,274	$ 1,622,176	**77.8%**	$ 463,098
Harvard Pilgrim PPO HSA	$ 123,467	$ 76,732	**62.1%**	$ 46,735
Harvard Pilgrim EPO Ded.	$ 5,130,912	$ 4,136,294	**80.6%**	$ 994,618
Harvard Pilgrim EPO HSA	$ 286,593	$ 185,364	**64.7%**	$ 101,229
HPHC Medicare Enhance	$ 260,905	$ 259,073	**99.3%**	$ 1,832
TOTALS:	$ 27,548,623	$ 22,535,474	**81.8%**	$ 5,013,150
% COSTS/FUNDING:				

NOTES: ** NET Costs include paid claims, carrier administration, reinsurance premium, and reinsurance reimbursements Other "Program Costs" such as GBS Management fee, GBS COBRA fee, CCMHG Treas. Fees, independent audit fee, legal and miscellaneous costs are not included in the above analysis.*

 # BCBS Indemnity total as shown includes Mainland, Dukes County, and former Barnstable County group (all Indemnity plan groups).

Canarx scripts filled is 119 for a total of $24,640 in rx claims for August 2018 with a YTD total of $50,902.

** RDS Funds distributed to CCMHG participating employers.*

Moved to PDP 1/1/15
Closed final recon rec'd Feb 2016

Group Benefits Strategies

September, 2018

CAPE COD MUNICIPAL HEALTH GROUP

FUNDING RATE ANALYSIS BY PLAN - Policy Year 7/1/18 - 6/30/19
NOTE: Month shown below represents month claims paid by dental plan

(Analysis for 2-month, 7/18 - 8/18)

DELTA DENTAL
(Enrollments per GBS monthly warrants)

(All Groups Combined)

Delta Premier	Individual	Parent/Child	Family	TOTAL	Funding Rate Total	*DELTA projected monthly claims*	Actual Paid Claims	Administration	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	1,585	86	2,473	4,144	$ 324,913	*$ 289,092*	$ 239,578	$ 25,496	$ 265,074	81.6%
August	1,590	82	2,476	4,148	$ 325,106	*$ 289,274*	$ 259,660	$ 25,511	$ 285,171	87.7%
September				-	$ -	$ -	$ -	$ -	$ -	0.0%
October				-	$ -	$ -	$ -	$ -	$ -	0.0%
November				-	$ -	$ -	$ -	$ -	$ -	0.0%
December				-	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				-	$ -	$ -	$ -	$ -	$ -	0.0%
February				-	$ -	$ -	$ -	$ -	$ -	0.0%
March				-	$ -	$ -	$ -	$ -	$ -	0.0%
April				-	$ -	$ -	$ -	$ -	$ -	0.0%
May				-	$ -	$ -	$ -	$ -	$ -	0.0%
June				-	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:				8,292	$ 650,019	*$ 578,366*	$ 499,238	$ 51,006	$ 550,244	
7/18 Funding Rates:	$40.00	$79.00	$103.00			Actual/Projected:	**86.3%**		Cost/Funding:	**84.7%**

Delta Voluntary	Individual	Parent/Child	Family	TOTAL	Funding Rate Total	*DELTA projected monthly claims*	Actual Paid Claims	Administration	Actual NET Total Costs	Cost/Funding Ratio
July, 2018	1,391	53	1,516	2,960	$ 228,118	*$ 202,615*	$ 189,790	$ 18,068	$ 207,858	91.1%
August	1,386	53	1,528	2,967	$ 229,216	*$ 203,575*	$ 190,974	$ 18,155	$ 209,129	91.2%
September				-	$ -	$ -	$ -	$ -	$ -	0.0%
October				-	$ -	$ -	$ -	$ -	$ -	0.0%
November				-	$ -	$ -	$ -	$ -	$ -	0.0%
December				-	$ -	$ -	$ -	$ -	$ -	0.0%
January, 2019				-	$ -	$ -	$ -	$ -	$ -	0.0%
February				-	$ -	$ -	$ -	$ -	$ -	0.0%
March				-	$ -	$ -	$ -	$ -	$ -	0.0%
April				-	$ -	$ -	$ -	$ -	$ -	0.0%
May				-	$ -	$ -	$ -	$ -	$ -	0.0%
June				-	$ -	$ -	$ -	$ -	$ -	0.0%
Totals to date:				5,927	$ 457,334	*$ 406,190*	$ 380,764	$ 36,224	$ 416,988	
7/18 Funding Rates:	$42.00	$84.00	$109.00			Actual/Projected:	**93.7%**		Cost/Funding:	**91.2%**

Administrative cost based on monthly fee and enrollments shown.
(Actual cost may have varied slightly).

Group Benefits Strategies

CAPE COD MUNICIPAL HEALTH GROUP

POLICY PERIOD 7/1/18 - 6/30/19

FUNDING ANALYSIS SUMMARY FOR SELF-FUNDED DENTAL PLANS

ANALYSIS PERIOD: 2-mos 7/18 - 8/18

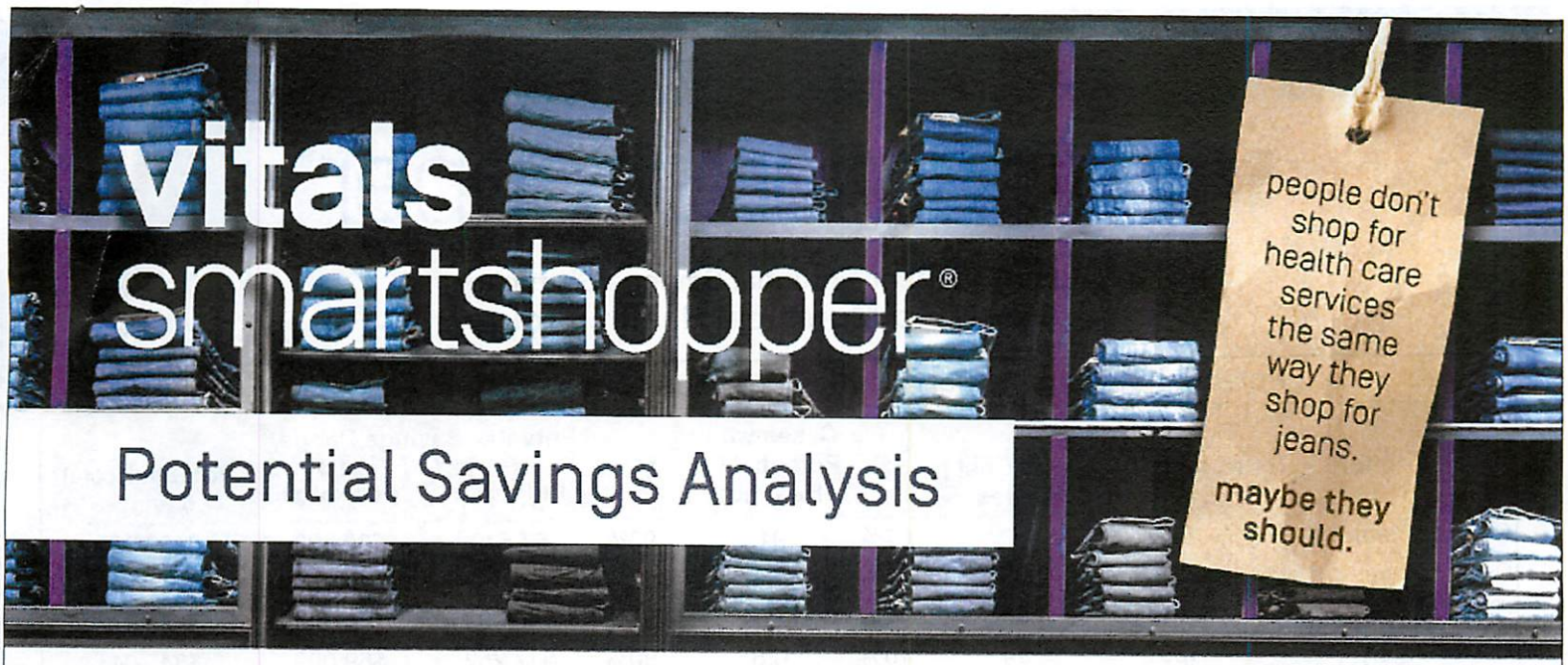
	Estimated Funding (rates x enrollments)	*Estimated Plan * NET Costs*		*Estimated Funding Surplus/(Shortfall)*
Delta Premier	$ 650,019	$ 550,244	84.7%	$ 99,775
Delta Voluntary	$ 457,334	$ 416,988	91.2%	$ 40,346
TOTALS:	$ 1,107,353	$ 967,232		$ 140,121
% COSTS/FUNDING:		**87.3%**		

NOTES: ** NET Costs include paid claims and carrier administration charge. Other "Program Costs" such as GBS Management fee and any other miscellaneous costs are not included in the above analysis.*

CAPE COD MUNICIPAL HEALTH GROUP

SENIOR PLAN RATES FOR CY2019

Fully Insured plans	**CY18 Rates**	***Proposed*** **CY19 Rates**	*Percent change*
Medicare HMO Blue	$ 380.08	$ 393.46	*3.5%*
Managed Blue for Seniors	$ 352.00	**$ 365.00**	*3.7%*
Tufts Medicare Supplement with PDP Plus	$ 384.00	$ 393.00	*2.3%*
Tufts Medicare Preferred HMO	$ 314.00	$ 317.00	*1.0%*
EGWPs (self-funded medical/insured PDP for Rx)			
BCBS Medex	$ 356.00	**$ 368.00**	*3.4%*
HPHC Medicare Enhance	$ 353.00	**$ 370.00**	*4.8%*



Client: Cape Cod Municipal Health Group

Introduction

We are pleased to provide this personalized savings opportunity analysis and share with you the potential cost reductions available to you when you deploy the SmartShopper incentive and engagement program. Innovative employers like yourself are deploying the SmartShopper program to empower their employees to understand and take control of their health care options and make better, more informed decisions. This savings analysis is based on the claims data you provided. We have analyzed your data to create cost estimates at all of the facilities for each procedure, and where available, project the savings that can be acheived when your employees are redirected to lower-cost providers. Note that these savings projections are based on the most recent 12 months of claims data and do not include any savings available for procedures not represented in the actual claims experience provided.

Savings Analysis Summary

* **Total potential savings of $4.5M on the procedures studied**

* **Top savings opportunities include Colonoscopy ($1.1M), MRI ($808.2k) and Shoulder Surgery ($695.9k)**

* **Potential savings calculations are net of incentive payments**

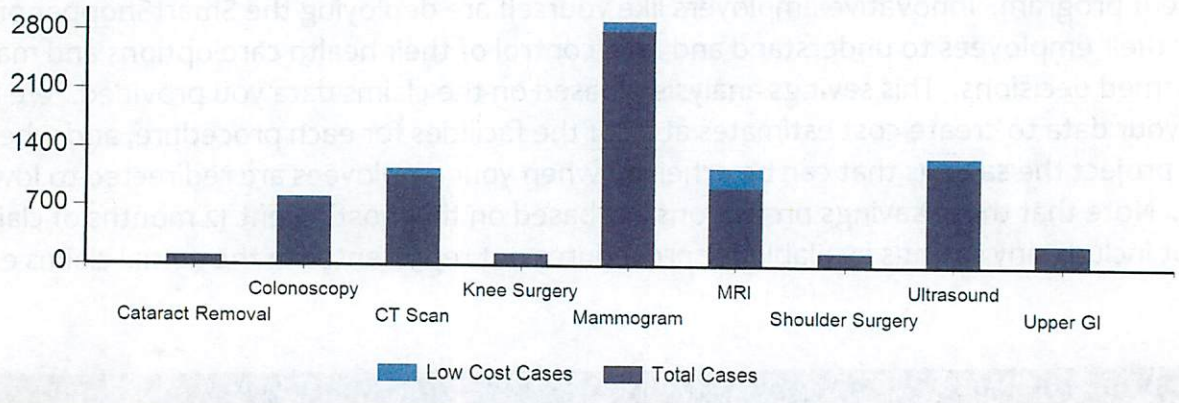
vitalssmartshopper®

SmartShopper Potential Savings Summary
Cape Cod Municipal Health Group

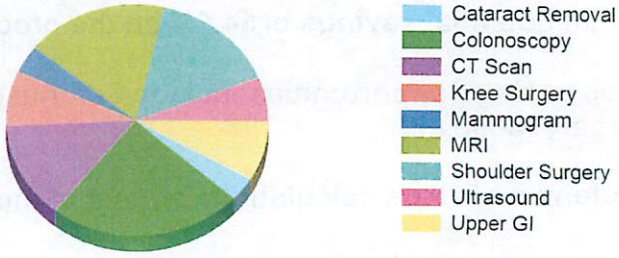
Potential Savings by Service (Savings represent an annual projection)

Procedure	Number of Cases	Low Cost Cases	%	Cases with Potential to Redirect	%	Potential Savings Range 5 % Redirection	Potential Savings Range 20 % Redirection	Potential Total Savings
Cataract Removal	98	7	7%	91	93%	$7,549	$30,198	$150,990
Colonoscopy	813	25	3%	788	97%	$54,131	$216,523	$1,082,617
CT Scan	1,149	85	7%	1,064	93%	$30,999	$123,994	$619,972
Knee Surgery	139	14	10%	125	90%	$17,252	$69,009	$345,043
Mammogram	2,922	115	3%	2,807	97%	$8,785	$35,138	$175,690
MRI	1,166	237	20%	929	80%	$40,408	$161,631	$808,156
Shoulder Surgery	159	15	9%	144	91%	$34,793	$139,173	$695,866
Ultrasound	1,305	96	7%	1,209	93%	$13,870	$55,479	$277,393
Upper GI	275	15	5%	260	95%	$19,255	$77,019	$385,096
Totals	**8,026**	**609**		**7,417**		**$227,041**	**$908,164**	**$4,540,822**

Number of Total Cases vs Low Cost Cases by Procedure



Percent of Potential Savings by Procedure



** Potential Savings are annualized; all other values representative of unadjusted sample claims

Town of Oak Bluffs
Finance and Advisory Committee

Library
Upper Meeting Room
Oak Bluffs, MA

10-4-2018

5:00 Call to Order

- Approve Minutes (8/2/18)
- Building Committee report - McGrath
- ACE MV
- Ambulance Reserve Fund
- Investment Policy (continued)
- Accountant's Report(s)
- Accountant Comments
- Member Comments
- Public Comments

Adjourn

Bill Vrooman
Chairman, OB Finance and Advisory Committee