Committee of the Whole / Regular Session

Legislature USVI

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`0:00:00` Thank you. I'll be right back Oh, my God.

`0:01:30` Thank you. Thank you. Thank you. I love you. Thank you. Thank you. Thank you.

`0:05:00` Thank you. Thank you.

`0:06:00` Thank you. Thank you.

`0:07:00` Thank you. guitar solo Thank you. I'll be right back. [3 such phrases repeated 8 times · standby audio before the proceeding, transcribed by the recogniser as speech]

`0:11:30` Thank you. I love you. Oh, my God. [3 such phrases repeated 11 times · standby audio before the proceeding, transcribed by the recogniser as speech]

`0:17:00` . Thank you. Thank you.

`0:18:30` Thank you. Thank you. pleasant good morning to the people of the Virgin Islands good morning colleagues good morning central staff and of course good morning to our testifiers I want to say good morning to all present listening and viewing the 35th legislature will receive testimony from the Government Employees Service Commission also known as the Health Insurance Board on the government of the Virgin Islands contract for medical and prescription drug dental vision and life insurance for fiscal year 2024 also present today are the GSC's consultant the Guerin group and representative of the insurance carriers welcome to our testifiers both here and in the legislative chambers and

`0:20:23` and virtually the committee of the whole of september 22nd 2023 is hereby called to order reviewing and ratifying these contracts is a regular undertaking of the legislature while this process provides for insurance coverage for government employees retirees and their dependent we must not forget the uninsured and underinsured in the territory and continue our effort to meet the needs of this population this insurance inequity only contributes to our uncompensated care

significantly impacts our hospitals and providers and compromises the health and well-being of our community this morning i want to remind those that's in the audience um to please turn your cell phone on mute or turn them off as to not interrupt the session and to So I ask the Madam Clerk, please call the roll call.

0:21:21 Senator Marvin A. Blyden. Present. Senator Blyden, present. Senator Angel L. Bolquez, Jr. Senator Bolquez, Jr., absent. Senator Diane T. Capehart. Present. Senator Capehart, present. Senator Samuel Carrion. Senator Carrion, absent. Senator Dwayne M. DeGraff. Senator DeGraff, absent. Senator Ray Fonseca. Senator Fonseca, absent. Senator Novell E. Francis Jr. I'm here.

0:21:56 Senator Francis Jr., present. Senator Alma Francis Heiliger. Senator Francis Heiliger, absent. Senator Donna A. Fred Gregory. Senator Fred Gregory, present. Senator Kenneth L. Gittens. Senator Gittins. Senator Gittins present senator Maurice shee James senator James present senator Javon E James senior senator James senior absent senator Franklin D Johnson senator Johnson present senator caller J Joseph senator Joseph present senator Milton E Potter senator Potter present mr. chair we have nine present six absent uh thank you very much madam clerk any correspondents to be ready into the record yes mr chair you may proceed september 22nd 2023 the honorable novelle e francis jr president there's there sir president i will be absent from today's committee on the whole scheduled for 9 00 a.m in the earl b ottley legislative hall on the island of saint thomas i am presently out of the territory attending the congressional black caucus foundation 52nd alc please accept my apologies for being absent please forward any pertinent information to my office i would greatly appreciate your patience and understanding sincerely samuel carrion senator 35th legislature of the virgin islands september 22nd 2023 the honorable president novelle e francis jr chairman committee of the whole dear chairman francis jr please accept this letter as a formal notice that i will be tardy

0:23:43 to today's committee of the whole meeting scheduled to begin at 9 a.m in the earl b otley legislative chambers on saint thomas on friday september 22nd 2023 due to an unobtainable flight to arrive on time please be assured however that i will be attending the meeting later this morning i apologize for any inconvenience this may cause thank you for your consideration on this matter with kind regards respectfully jevan e james senior senator 35th legislature of the virgin islands september 22nd 2023 honorable novelle e francis jr president dear mr chair please be advised that due to a previously scheduled off-island engagement i will be unable to attend today's committee of the whole please mark my absent as excuse and forward any documents to my office thank you for your time and understanding sincerely angel bolquez jr senator at large 35th legislature of the virgin islands this concludes the reading of correspondence mr chair uh thank you very much madam clerk please record senator samuel and Senator Angel Bocas, Jr., as excused.

0:24:55 Excuse me, I have one more. You have one more? Yes. You may proceed. Sorry about that. It's okay. September 22nd, 2023, Honorable Novelle E. Francis, Jr., Senate President, 35th Legislature. Greetings, Senate President Francis. Please note for the records, I will be tardy to the Committee of the Whole scheduled for 9 a.m. on Friday, September 22nd, in the Earl B. Antley Legislative Chambers, St. Thomas. Thank you for your understanding. Regards, Senator Alma Francis Heiliger, 35th Legislature, Member, Committee of the Whole. This concludes the reading of correspondence, Mr. Chair. Thank you very much, Madam Clerk, no problem. So please record Senator Samuel Carriong and Senator Angel Bulquez as excused, and certainly we'll recognize that Senator Javon James and Alma Francis Heiliger will be tardy we'll certainly recognize them upon their arrival here today and it's done you know it's been a long week and certainly I know that everyone is being run ragged we had a committee of the whole just last night until late into the evening so I certainly could appreciate you being here today and continue to put in the hard work that's required of this body at this time madam clerk please call read into the record today's agenda for the committee of the whole the 35th The GOF legislature will convene in Committee of the Whole hearing to receive testimony on the following. Bill Number 35-0140, an act approving the agreement between the Government of the Virgin Islands and Cigna Health and Life Insurance Company for group medical health insurance. The agreement between the Government of the Virgin Islands and Cigna Health and Life Insurance Company for group dental insurance. The agreement for group medical health insurance between the Government of the Virgin Islands and United Healthcare Insurance Company the agreement between the government of the Virgin Islands and standard insurance company for group vision insurance the agreement for group life and accidental death and dismemberment insurance between the government of the Virgin Islands and standard insurance company and the agreement for voluntary employed paid critical illness accidental injury and hospital care insurance between the government of the Virgin Island and Cigna Health and Life Insurance Company of North America. Invited testifiers, Beverly Joseph, Chairperson, Government Employee Services Board, Division of Personnel. Cindy Richardson, Director, Division of Personnel. Valerie P. Daly, Chief, Group Health Insurance,

0:27:32 Division of Personnel. This concludes the reading of today's agenda, Mr. Chair. Very well. Thank you very much. All of the testifiers is already seated in the well and at this time we'll go for a sound check and for them to identify themselves and put the name on record and we'll start with you miss Daly good morning Valerie Daly chief of group health insurance

division of personnel good morning Cindy Richardson director division of personnel good morning Christian Bergstrom senior benefits consultant for the Goering Group.

0:28:09 Beverly Joseph, chairperson, active representative, the District of St. Croix. Gilbert, Commissioner Young, vice-chair, active, elected in St. Thomas, St. John District. Good morning, Sherry Harmon-Butz, strategic account executive, United Healthcare. Good morning, Dr. Michael Howell, regional medical executive for Cigna, Southeast U.S. and the U.S. Virgin Islands. Thank you. Good morning, Chesania Sanchez, general manager, Cigna Healthcare, South Florida the caribbean good morning to polly size senior client manager signa healthcare good morning mark mayner come come a little closer and grab one of the mics thank you and there is anyone um virtually no yes yes you may proceed alita mills director network management signal let's get your name again please alita mills very well thank you miss mills at this time i'm miss beverly joseph a chairperson you recognize for your testimony good morning everyone good day members of the 35th legislature of the virgin islands members of the committee of the whole and listening audience i am beverly joseph chairperson of the gesc health insurance board of trustees and elected representative on behalf of the active employees in st croix today on behalf of the board i would like to present our recommendations for the contracting of the medical prescription drug dental vision and life insurance plans for fiscal year 2024 i would like to thank the members of the legislature for the opportunity to appear before you the honorable governor albert brian

0:30:11 jr and my fellow board members vice chair dr gilbert commission elected active representative saint thomas and saint john lorraine gums martin secretary and appointed member saint thomas saint john laurie anderson elected retiree representative saint thomas saint john deborah christopher elected retiree representative saint croix clemmy moses appointed member saint john and saint Thomas, Keisha Christian, appointed member St. Croix, John Abramson, Jr. Committee stands at recess for five minutes.

0:31:19 Thank you. ¶¶ and we're out of recess again i apologize on the behalf of our good friends at wapa and nonetheless we'll resume where you left off and i think miss clemy moses was where you at thank you clemy moses appointed member st john st thomas keisha christian appointed member st Croix, John Abram St. Jr., appointed member St. Croix, and Andre T. Dorsey, appointed member St. Thomas St. John. I would like to thank our advisory members, Division of Personnel, including the Director, the Chief and Staff of Group Health Insurance, the Council to the Board,

0:33:10 our Consultant, the Gearing Group, and all the insurance carriers for their assistance in developing these recommendations when you combine the employee retiree and government costs of all insurance coverages including dental vision and life for the upcoming fiscal year we are looking at a reduction of four thousand four hundred and three thousand which is 0.3 percent of overall costs i would like to begin with some background information about how we arrived at our recommendations please note that the total costs and enrollment figures that will be mentioned in this presentation generally exclude the active employees of non-general fund entities that participate in the government employees plan such as university of the virgin islands uvi the the Virgin Islands Port Authority, VIPA, Fredrickshed Health Care Center, FHC, and the Virgin Islands Housing Authority, VIHE, and non-profit participating groups. At least once every five years, the board is required to solicit competitive bids for the insurance program. Previously, bids were solicited for all benefits in 2011, in 2013, at the board's request in 2018, and for 2019 fiscal year. We solicited bids in 2023 for 2024 fiscal year. The RFP was released on March 15, 2023, and bids were received through April 24, 2023. Advertisements were released nationally and in the St. Croix, St. John, and St. Thomas Source, publications from March 15th through April 14th, 2023. Through the RFP process, the board received two responses for the medical and a prescription drug insurance

0:35:13 for both active employees and the under 65 retiree population. Two responses for dental insurance, one response for the vision insurance and three responses for our life and ADA anti-insurance and one response for the Medicare Advantage plan for retirees over 65. The RFP evaluations were reviewed at the board's May meeting and finalist meeting were held in person at the board's meeting in June. Based upon the most recent medical claims experience report through July 2023, the medical claims expenditures are 90% of the medical plan's premiums. Exclusive of those plan expenditures such as administrative costs, this has increased from the prior year. Although the losses have increased 4.4 percent from the prior period the board was anticipating a five to eight percent increase in premiums to cover future claims and expenses based upon the analysis by our consultant the gearing group we received two responses for our medical coverage for active employees and pre-65 retirees. One from Cigna Healthcare, the incumbent, and one from United Healthcare. Cigna's initial response was a no increase in premiums and no changes to the current benefits. United Healthcare proposed a 2% increase in premiums while matching the existing benefits subsequently cigna offered premium rate cap for two year for the contract not exceeding eight percent while united provided a not to exceed of 12 percent after finalist

0:37:13 presentation the board voted unanimously to begin contract negotiations with cigna health care Since the premiums will remain the same for the upcoming fiscal year, the overall impact to central government will be approximately $107

million, based upon the existing cost share between employees and retirees. retirees. It was vital to the board that there were no plan design changes, i.e. increasing co-payments, deductibles, out-of-pocket maximums, due to the current state of the economy, and Cigna agreed not to change any benefits, nor did they decrease the level of services that are offered with the current plan in addition signal will continue to include and enhance and following in their contract with the board support the usvi community by providing six two-year nursing scholarships to the university of the virgin islands in the amount of 6 250 per student per year increasing the wellness fund to a million currently 700 000 continuation of the two full time on-site customer service representative inclusion of motivate me a turning key wellness incentive program that gives employees and their spouses opportunity to earn rewards for taking charge and improving their health while funding 300 000 in incentives which they currently do not fund continuation of omada's pre-diabetes prevention program continuation of two health

0:39:04 improvement officers with two health coaches and two mobile vans to take health care into the the community. Placing $1.7 million in a premium at risk for performance guarantee and the Cigna Foundation will be offering $250,000 in grants over the next three years to non-profits in the territory helping those living with obesity, high blood pressure, diabetes and other chronic conditions with the goal of improving their overall health for the dental plan based upon the most recent claims experience report through july 2023 the dental claim expenditures are 96 of the medical plans premium exclusive of other plans expenditures such as administrative costs the losses have increased 14 percent from the prior period so the board was anticipated a 10 to 15 percent increase in premiums to cover future claims and expenses based upon the analysis by our consultant the gearing group we received two responses for our dental coverage which covers all active employees as well as pre and post 65 retirees one from cigna healthcare the incumbent and one from metlife cigna's initial response was a no increase in premiums while providing a premium rate cap of three percent for year two in addition cigna proposed increasing our annual maximum from 1250 to 1500 per year metlife proposed a fifth a five percent increase in premiums while matching the existing benefits with two-year rate

0:41:02 guarantee after finalist presentation the board voted unanimously to begin contract negotiations with Cigna Healthcare. Since the premiums will remain the same for the upcoming fiscal year, the overall impact to central government will be approximately $4 million, based upon the existing cost share with employees and retirees. In addition to the above financial implication, the Board was able to negotiate enhancements to the dental plan, assuming we renew our medical coverage with Cigna. Introducing Dental Wellness Plus program. When a participant receives preventive care under the dental plan, cleanings, oral exams, x-ray, their annual dollar maximum increases the next plan year. Participants could add $200 per year. The Wellness Plus calendar year program is as follows. Year 1, $1,550 annual maximum. Year 2, $1,750 annual maximum. Year 3, $1,950 annual maximum. Year 4, $2,150 annual maximum. There will be premium rate caps not to exceed 3% of current premiums for years 2 and 3 of this contract and additional rate caps not to exceed 6% of the previous year's premium for years 4 and 5 of the contract and placing $100,000 in premium at risk for performance guarantees. For the post-65 retirees, UnitedHealthcare was the only

0:43:00 insurer who responded to the poll 65 retiree coverage and remains a competitive advantage in the territory being licensed to offer a group medicare advantage plan united healthcare began its partnership with the government in 2013 offering their aarp medicare supplement plans alongside a custom medicare part d prescription drug plan pdp the plans offer significant savings to the government and retirees over the years we have worked with united healthcare to ensure a long-term and sustainable program for the government and retirees in 2017 the board recommended to offer the stateside retirees two medicare advantage plan with prescription drug coverage mapd which further reduced costs to the government and ease administrative burdens while maximizing benefits for stateside retirees this proved to be extremely successful with a smooth transition and a retiree satisfaction score of 95 percent for 2021 united healthcare received approval for the territorial retirees to participate in the group medicare advantage plan offered by united healthcare which covers everything covered by the original medicare with additional benefits including health and wellness routine vision checks hearing checks podiatry chiropractic and prescription drugs all post 65 retirees are covered by one plan regardless if they are territorial residents or stateside residents coverage is nationwide and

0:44:53 retirees are not required to select a primary care physician a pcp and referrals are not required to see a specialist the proposed rate to the existing plan offered today is a 20 increase above current premiums or an increase of 3.8 million for the 2024 calendar year this reflects changes and updates from the cms 2024 final call notice on march 31st 2023 the final call notice had significant changes to growth rates, Part C risk adjustment model changes, and Part C risk adjustment coding, which negatively impacted the funding insurance company received from CMS for 2024. The board, through our consultant Gearing Group, was able to negotiate an option that would eliminate a fiscal impact to both the government and retirees' paycheck. To achieve a no-increase in premiums, we are recommending adding a $500 deductible, which is the same deductible amount as a pre-65 retiree. Also, there will be a $250 per inpatient hospital admission copay and $100 emergency room copayment per visit. Protecting the retirees is $1,000 annual out-of-pocket maximum. Making

these changes will save $588 per post-65 retiree per year. It is important to note that the deductible does not apply to primary care office visits, telemedicine visits, emergency room visits, urgent care visits, diabetic monitoring supplies,

0:46:47 hospice preventive services and vision or hearing visits premiums are submitted for regulatory approval to both CMS and the USVI Department of Insurance and the monthly premiums has been approved effective January 1 2024 through december 31st 2024 at no increase the monthly premium will be 250 dollars and 24 cents per person per month based on the current cost share the government's portion of the premiums would be 12 million nine hundred and eight thousand one hundred and twenty and the retirees portion would be six million six hundred and forty nine thousand six hundred and thirty eight there have been some additional program enhancements included for 2024 at no additional cost to continuously care for our retirees united healthcare hearing aid enhancements retirees can utilize their hearing aid allowance to purchase non-prescription over-the-counter hearing aids to uhc hearing retirees can save thousands of dollars making hearing aids more accessible and affordable continuous glucose monitors cgms cgms provide users with real-time information about their blood glucose levels around the clock leading to a better diabetes management and improved health outcomes the coverage criteria for cgms have been expanded to more retirees with diabetes who are not just dependent on insulin and now also includes those with certain hypoglycemia conditions let's move a wellness program coordinated and designed to To interrogate self-service, virtual and in-person wellness programming, focus on nutrition, physical activity, mental health, social well-being, financial wellness, and more. Marriage and family therapy, retirees will be able to see Medicare-eligible mental health counselors, MHCs, and marriage and family therapists, MFTS.

0:49:16 Medicare retirees will continue to receive a quarterly grocery store benefit. Retirees receive a $40 credit each quarter to spend locally on healthy food and over-the-counter products. They can choose from a variety of approved items like fruits, vegetables, dairy, meat pain relievers, cold remedies, vitamins, and more. Credits are added to a debit card on the first day of each quarter, in January, April, July, and October, and expire at the end of the year.

0:49:52 House calls will continue for 2024, which allows our retirees to have yearly visits with a health care practitioner right in the privacy of their own homes. It's a great opportunity for members to discuss their health care needs, create a plan for prevention, and get the personal attention they deserve. During the visit, the practitioner will confirm medical history, complete a physical exam, review medication, and answer any questions the retirees may have, as well as provide additional health screenings the practitioner deems necessary. Also, UnitedHealthcare will continue to offer $200,000 to their Wellness Incentive Fund, which will allow the GASC and the government to provide wellness incentives and initiatives for the Medicare retirees. The Standard Insurance Company was the only respondent to the Voluntary Vision Plan and proposed the existing plan benefits with no increase to premiums. have guaranteed the premiums for the next three years which would expire on september 30 2026 the government makes no contribution to the vision insurance this is a member pay all voluntary plan available to active employees retirees and their families there will be no impact to the employees and retirees in the premiums they pay the vision insurance covers exams and lends every 12 months and covers a new frame every 24 months I exam and lens lenses there is no cost to the participants and they receive up to 150 allowance for frames and 150 allowance for contacts we received three proposals this year for the life and accidental death and dismemberment AD 80 and D plants proposals were received from the Hartford Insurance Company, Metropolitan Life Insurance Company, the Standard Insurance Company, the incumbent. Central government provides basic life and accidental death and

0:52:12 dismemberment coverage to all active employees and retirees. The active employees benefit is $10,000 of life insurance coverage and retirees is $5,000. If an individual passes away because of an accident the benefit is double times two also active employees and retirees can purchase additional life insurance through an additional payroll deduction which is at no cost to central government all three proposals match our existing benefits and all provided significant savings and premiums the board requested that the best and final offer from metropolitan and standard the standard insurance company prevailed as the most competitive responder the government will save approximately 75 000 for the active employees and will save approximately 328 000 for the retirees for a total savings of 403 000. in addition to the savings the standard is guaranteeing the rates for three years through september 30th 2026 and providing a 10 percent rate cap for year four and five of the contract premium rates for that additional life insurance will remain the same as they are currently and will receive the same rate guarantees as mentioned previously for all insurance coverage combined including dental vision and life plan outlays will decrease from 183.1 million in fiscal year 23 to 182.7 million in fiscal year 24.

0:54:03 this is a decrease of approximately 403 000. as you may recall the senate absorbed the increases to retirees employees and retirees in fiscal year 2023 retiree employees and retirees are paying the same as they did in fiscal year 19 fiscal year 20 and fiscal year 21 due to this employees are not paying the 35 of the cost share they are paying approximately 27 of the

cost share and the government is paying 73 percent of the car share if the government reverts that is 65 35 split this would drastically increase an employees and retirees payroll contribution and the entire increase will be on the backs of the employees and retirees therefore we implore the senate to continue on the existing cost share today as we come to you today with no costs increase in the fact a decrease overall the board is not recommending any plan design changes for fiscal year 2024 however we are working on several initiatives to control and reduce health care costs you may recall that for fiscal year 2016 we implemented a more stringent pre-certification requirements for some outpatient services under the Cigna plan through a program that is called phs plus this program continues to produce additional savings also for fiscal year 2016 we increase the out-of-pocket maximum under the Cigna plan

0:55:52 by a significant amount we also enhance the previous medical conversion provision which is no longer available with cobra coverage effective october 1 2018 the board recommended and introduced by cigna two additional programs into the medical plan health matters care management h mcm will be an enhanced ph plus personal health solutions h mcm which includes primary and specialty medical care management more frequent post-hospital discharge outreach inpatient pre-certification inpatient case management including continuous stay review outpatient pre-certification hospital pre-admission outreach a more robust care team including community support with social workers and transition specialists to support timely hospital discharge and a smooth and safe return home advanced predictive model and continued 24 hours seven days a week support one guide the second program recommended provides members with proactive education and support to optimize their benefits and incentives guidance on a cost savings opportunity and programs holistic review of health information for personal guidance and enhancement and specialized support in highly complex medical situation. Post 65 retirees will continue to have a clinical approach with the Medicare Advantage offering whereas the plan focuses on retirees to stay healthy by providing house calls, rewards, fitness benefits, and virtual visits. For those that have been hospitalized, UHC will provide return to home benefits including inpatient

0:57:55 management care, post-acute transition medication, reconciliation, and behavioral health. For those living with illnesses, the new plan with UHC will provide disease-specific care management for those with diabetes, heart failure, chronic obstructive pulmonary disease, COPD, and polychronic conditions. UHC will be engaging more with retirees, early identification, of those with chronic conditions, provide personalized care, and a digital health coach. The board is also in ongoing discussions with Cigna United and VI Equicare to renegotiate professional fees in the territory to a more manageable levels, with a focus on eliminating abuse by certain practitioners, as well as introducing a pay for performance, reimbursement strategies and air ambulance solutions the government's wellness program continues to gain traction thanks in large part to the funding from cigna in the amount of a million per year and from united healthcare in the amount of 200 000 per year as well as the focus given to wellness by the division of personnel and other agency participants like uvi the board has also begun to implement communication blitz about the health insurance plan in general and the wellness strategies initiatives via the internet and public service announcement focus on initiatives will be directed towards our members knowing their plan as a primary goal forthcoming in summary the board recommends accepting the contract that we have negotiated members of the 35th legislature of the virgin islands the gesc health insurance board of trustees is appreciative of your

0:59:57 continued interest support and involvement in the group health insurance program and we look forward for your assistance to ensure this year's recommendation are approved as presented the consultant our carriers the division of personnel and i on behalf of the board stand ready to answer any questions you may have regarding our insurance program once again thank you thank you very much a chairperson Joseph for your testimony madam clerk please record at the Senate minority leader Dwayne the graph is being present so that's Alma Francis Hyliger as well as senator javani james senior as being present and senator ray fonseca as well can we got tally at this time did i hear you said 13 strong Mr. President Mr. President we have 13 present thank you very much Madam Clerk at this time um before we open up the floor for a three-minute round I wanted to ask you miss um joseph chairperson joseph so it's your testimony that the agreement that's before us today is the best um at this time and in this current environment in terms of the negotiation that been done by the gsc yes no wiggle room for upward or downward you got an awesome contract right now very well thank you very much and thank you for the work of the gsc in moving us along and

1:01:49 more importantly that there is no increase. I think that that's critical. At this time, the chair will recognize Senator Alma-Francis Heiliger. You're recognized for three minutes. Good morning to my colleagues, to the people of the territory, to the testifiers, central staff, and my staff alike. First, I would like to thank you for coming before us to share your information. I am one of those senators that do get annoyed when we have to hear this and then vote the same day i i'm not too keen on that i'm not putting it on you or anybody but i i don't really like that but i want to share and ask some questions in regards to you said that you're requesting or encouraging the legislature to continue to pay the offset for the insurance um if the legislature were not to go ahead with that what would be the cost increase to the employees so i will let mr christian answer christian give number good morning we would anticipate that the cost for the employees would

increase in excess of 100 per paycheck okay so about 100 extra per paycheck yes okay um i know you just said we have an awesome plan um did we try to increase or negotiate anything to do with dental health your dental plan just went up yes i know what it is so no i mean what are the benefits the benefits are you still when we came before the body last year you were one of the senators yes that said that's what i want twelve hundred dollars ain't enough we need to go up it's up to

1:03:37 1500 now so the services that you had you can go now you still get your two dental cleaning free so the more you get that done and completed the following year you get 200 added on to that in that service bear in mind because we don't have a network of dentists we can't force the dentist to comply with the fees that cigna have so majority of them are gonna do out yes out of network because then they could build what they want and we have no control. I am aware.

1:04:08 So those that are there, you can have your benefits, that's there. Your fillings, your caps, everything. Okay. One of the reasons where I recognize, I'll use myself as example, earlier this year I had an injury when I was at Government House, which my knee has a fracture. And for the first time, I probably have utilized my insurance quite a bit because of this injury and one of the things I recognize in dealing with some of the individuals that are in network out of network and even some of the doctors that do utilize Cigna is you get a lot of different information is there a way that from a marketing standpoint or even letting the employees know what are the proper standards where you would give solid information to the public that they could sometimes defend themselves after if something is said to them inside of the doctor's office that is not accurate or not accurate how do you get them that information okay so there's several answers to that and then at the end i'm going to pass it on to the chief okay miss daily so one division of personnel does have monthly meetings with the hr and they disseminate the information from the carriers to give to the members on their plan what is afforded to them okay you can also go on mycigna.com and under your benefit summary what is allowed what is not allowed is also there and part of the signa team we have patty venzen who is the provider relations person that goes out so if you call whether it be dop or you call the signa on-site rep office both on st croix and st thomas they will send miss venzen out to that provider this

1:05:58 is the information you're disseminating that's incorrect okay and to fix it so miss daily time what we do we normally have every year we have open enrollment where we communicate the benefits what we're also encouraging we're also encouraging the directors and the commissioners to allow us to come out the group health insurance staff to come out and speak to the members Concerning their benefits because we are aware that a lot of our members are not aware of what the plan covers So we want to come into various agencies and just you know discuss what the plan covers. Okay. Thank you Thank you. Mr. Chair for a couple addition at a time. Thank you. Thank you very much Senator Francis Heidegger next we'll recognize Senator Franklin D. Johnson you recognize for your three minutes. Good morning Thank you very much. Mr. Chair. Good morning to my colleagues. Good morning to the testifiers Good morning to the viewing and listening audience. I'm so pleased to hear that The legislature is doing something here. A lot of times we get blows for doing nothing. But this makes a big difference in the costs for insurance if the government don't take this responsibility. So I'm glad to be a part of making sure that our people don't have to pay more for insurance because it could be very detrimental. Some employees haven't gotten raised for quite some time. When these things go up, it makes the cost a living and makes things very difficult for families.

1:07:21 So I thank you for that. I thank you for your big presentation here today. I want you to elaborate a little bit on the pay performance reimbursement strategy and air ambulance solution, as is mentioned in page 18. Help me out a little bit. So we're going to split this question. So, Mr. Christian is going to do the pay for performance enhancement, as that's our consultant who negotiates with the carriers and the providers. And then Cigna is going to expound on the air ambulance as the carriers. So, I'm letting on the record. Christian?

1:08:00 Well, good morning. Mr. Christian, please just give your name before I'm beginning to speak, and all testifiers before you speak for the recorders' benefit, please just say your name. Thank you. Christian Bergstrom, Gehring Group. So pay for performance is a model that is stateside and where providers are paid based upon their outcomes. And that is a trend with Medicare on how they are reimbursing providers, and we're seeing traction in that stateside on how providers are reimbursed. And then Dr. Howell from Cigna Healthcare, I'll let him, if he wants to expand on that.

1:08:34 Yes, good morning, good morning Dr. Michael. Good morning Dr. Michael Howell Regional Medical Executive for Cigna. For paper performance we actually put a program in place that will look at the utilization of the doctors looking specifically get some of the quality metrics looking at diabetics how often they're tested for their diabetic conditions and for example and then based on those results we're looking to develop a pool that would allow those that do best to receive an incentive and those that don't do as good or as well, we want to continue to encourage them by sharing data and analytic information with them so they can improve their performance and participate in a higher incentive.

1:09:20 Who will be doing the analysis? We actually collect the data so Cigna has been doing this with our providers on state side for some time now. It's not the same here because you don't have a great comparison because you're an island entity as compared to the state side where we compare to one county or one region with another or docs even within the same city so we're going to back we're going to create a process that can help us to do that and will it be fair to say that we could utilize a state that has pretty much the same cost of living expenditures for our time mr. chair Yeah, my question was, would we be using a comparison since you're saying that, you know, we're an island and we're not doing competitive as far as state, but a state that has pretty much the same cost of living, expenditures?

1:10:13 Yes, sir. The challenge is there are very few states that kind of mirror some of the cost of living that you have here in this environment. So what we will do is look at just standards. So if we're talking, and we can set some targets and measure against that. So, for example, you want to make sure that your colorectal cancer screening rates are at a certain level, you can set that level and measure against that and continue to measure against it and move the bar higher and higher until we get to acceptable levels.

1:10:42 Mr. Chair, can I wrap up with one question? Thank you very much, Alina. Dental services have gotten to the level where just about most every service that was considered cosmetic. Does Cigna offer supplemental insurance to ensure to assist with the cost of the cosmetic service? I'm not qualified to answer on the dental question, sir. Anyone? Hold on, hold on.

1:11:14 Please recognize the mic. Go ahead. Okay. Good morning. So as far as supplemental insurance is concerned... Please, please give your name. Sorry, sir. Good morning. Dipali Sahi, Cigna Healthcare. As far as supplemental insurance is concerned, we do offer it. However, cosmetic procedures, depending on what they are for, they're typically not covered under that. However, I would say it would be more in a case-by-case and it would be more of a conversation that the member could have with their dentist while they're getting those procedures. um and if you like we can have a conversation offline about this i can share some personal examples of where i've done this so i thank you thank you very much yes thank you very much for the lynching mr chair uh thank you very much senator johnson next we'll recognize the minority leader senator doing the graph you're recognized for your three minutes uh thank you mr chair good morning colleagues good morning testifiers of you and listen and present uh chairperson joseph i i have confidence in you so when i hear you say that you know we've been battling with this for years so um i i do agree and i remember in my first term in 2017 when we sat down mr chair and a couple of us who were there and we decided about taking over the total for the government and we've been doing it ever since um when you combine the employee retiree page through your statement of your testimony the employee retiring government costs for all insurance coverages including dental vision and life for the upcoming fiscal year we are looking at a reduction of 403 000 which is 0.3 percent of the overall cost what does that savings of that 403 000 mean or do for the government that are right now mr burkstrom good morning christian berkstrom

1:13:15 garing group the 403 000 was a direct savings from the insurance premiums proposed by the standard life insurance company they are actually reducing the rates that the government would pay for both the active employees and the retirees for their life insurance and then all of the other coverages remained the same as the current fiscal year so that yielded a four hundred and three thousand dollar reduction okay and also I'm paid for it was vital to the board that there were no plan design changes ie increasing co-payments deductibles out-of-pocket maximums due to the current state of the economy that is the one thing that caught me and I listened to the testimony and radio due to the current state of the economy what is meant by that one minute so on page four we're talking about the retirees under united health care and when the board comes together and we're negotiating and we meet we have some retirees that come to the meeting and we also have two retirees that's board members so we're fully aware they're on a fixed income so when we see things are going up and this was a change that was coming because of cms that united healthcare could not fight it's a federal level we pray that the federal government doesn't proceed with their shutdown so that you know president blyton has always said i don't want to impact retirees so that they would shift and not move it but if they did what was that significant impact gonna be to our retirees they could not handle having that additional cost go on so we went to united healthcare and we was like how can you help the territory is the the retirees aren't getting a

1:15:07 raise we hear what's going on with grs we bring all of that information to the board we listen to what is said by this body when we talk we listen to when the governor talks about where we're at financially it will impact every member not just the retirees but us as the active as well and we take that into consideration when we're negotiating with our carriers so you looked at the national global trends every effect on the local territory correct you so you think global act local i like that and in closing mr chair uh we looked at support for persons with hearing hearing aids as seniors only what in regards to the post 65 the the younger person i have some calls in regards to persons who need some assistance with hearing aids and stuff is that anything viable or i don't know if the numbers are too low or have you ever looked at it you can answer in the chair's time thank you for all you do thank you for the time mr chair thank you thank you very much senator de

graff um miss joseph you could answer my we have looked at it but standard book a business that is considered cosmetic so most insurance companies do not cover hearing aids even though we have had members that say look i had a brain tumor i removed it and because of that removal impact the hearing on a board level we would be like yes we would cover the cause because you didn't cause that on yourself you know there's some instance that happened however when it comes to the insurance even down to some cases they say it's cosmetic and they would get it on their own you're welcome thank you very much um mr joseph for your response the chair will now recognize senator jabani james senior you recognize your three minutes greetings to the people of the u.s virgin islands thank you mr chair for the time and the reason we do get blamed is because the community must pay attention to the news and the the hearings go on www.legvi.org and see what the legislature is doing what we have a job to do here today the governor approved six renewals of health insurance contracts and here we are to either vote it up or down and based on the testifiers we have here they are all in agreement and I'm happy to know that so like the testifier said awesome contract but I would like to inquire

1:17:32 about the signal foundation I made your me if you made mention that you have over two hundred and fifty thousand dollars in grants for the next three years to nonprofits to help with obesity high blood pressure diabetes and other conditions my question to you though I'm not complaining but I want to know when was the last time this number was increased at two hundred and fifty thousand dollars. I'll pass that question to Ms. Sahi, next to you. Good morning to Pali Sahi, Cigna Healthcare. So sir, the amount has not been increased because from what we have seen across the territory, at this time, one organization has applied for the grants, which is Department of Health. We have promoted this program and we have offered the information to a number of different agencies on island that have been interested in this so at this point it would be up to them to apply and should their interest start to increase Cigna can revisit increasing that amount at a later stage so my question to you the entire two hundred and fifty thousand dollars is drawn down by Department of Health no sir okay so my next question to you what about for textile health care have they ever been informed or have been contacted or even attempted to tap into these resources that you have sir one minute uh the information about the signa foundation is actually um public knowledge and we do promote this however i personally have not notified frederickstead healthcare center but i'm happy to do so should they be interested in applying excuse senator

1:19:20 Fredricksset Health Centre is a signatory on the contract. They have the information and there are advisory board members, so they know what is going on as far as when it comes to the foundation. They're also a non-profit, so if they choose to apply, they can. And can you speak to me about some of the requirements as far as being able to tap into this funding? Sir, I don't have all the details in terms of the requirements, but I can most certainly share it with the Senate. Through the chair, I would like to request that money. I find it hard to believe that we have money sitting there and no one is taking advantage of it. Well, well, well. Welcome to the Virgin Islands. But I really hope and pray, I see here on page 17 and 18, the board is also going through discussions to negotiate professional fees in the territory to a more manageable level. And you made mention on focusing on eliminating abuse by certain practitioners if possible can you speak to that whole eliminating abuse by certain practitioners to us anyone dr. Howell signal we have a process that looks at patterns of coding by practitioners or providers here and elsewhere and when we see certain spikes we use a program to give us the sense whether this is online with what their practice should be coding or whether it's out of line for that. We could then look at the codes, ask for records, talk to those providers, get an understanding and where we find that codes are being misused, misappropriated, our care has been misappropriated, we have a conversation and where necessary involve the right or appropriate individuals

1:21:14 to help stop that. My time was called. I don't want to abuse my time if we are speaking about abuse, but please stay on top of eliminating abuse by these certain practitioners. Thank you, Mr. Chair, for the time. Thank you very much, Senator James Sr. Before we go to the next Senator, I wanted to ask you, Ms. Joseph, in your review of the discussion, have there been any changes in the trend of chronic illnesses in the territory? A lot of times we were able to recognize the particular chronic illness that seems to hamper the insurance most heavily.

1:21:53 Have there been any change in those strengths? Beverly Joseph, Chairperson. The changes have increased. We have seen an uptake in neurology, a lot of strokes, a lot of cardiac. Diabetes still are running high. High blood pressure is running extremely high. and then you have your basic three years ago when I testified we were seeing level one in cancer no majority of the information that's coming it's level fours so it is very high within our numbers and that because of the cost of the care and some of it cannot be done here we're going to fly off and it impacts the claims experience that we see yeah that is good information and we'll try to drill down a little bit more later on. Senator Donafari-Gregory, you're recognized for your three minutes.

1:22:42 Senator Donafari- Thank you, Mr. Chair, and good morning to the testifiers, good morning to my colleagues, and good morning to the people of the Virgin Islands and to all those listening within the sound of my voice. First off, I just want to

congratulate the GSC for the work that they've been doing. And I know that you push very hard, but this morning, my primary focus is around the retirees. But before I ask the retiree question, I have to ask this question because I know we are all in the room feeling all excited about the fact that we are not seeing an increase this year.

1:23:16 But my question that I have is, what can we anticipate seeing next year? The chair asked a very important question about the illnesses that we're seeing in the Virgin Islands and you answered in a very alarming way. So tell me, based on this flat line that we're seeing this year, what can we potentially see in FY 2025? I will start. Beverly Joseph, chairperson. I'll start and then Mr. Bernstrom is going to end for your numbers that you can anticipate. It's claims experience is what drives the cost. So it's very hard to give you a hard number now because this month we trend good when it comes to the claims, not too much high utilization. We fall below national and then something spikes. There's an uptick in claims. There are more people going for the month of October that's going to kick over when we come back to do the numbers. So Christian.

1:24:17 Christian Bergstrom, hearing group. So for the Cigna contract, for the active employees in the pre-65 retirees, there is a rate cap that is established contractually that will not exceed eight percent so we know that going into next year that the cost will not exceed eight percent okay thank you for that and I'm gonna leave that right there so colleagues next year note that one significant increase in our our insurance so let's not get happy about this let's talk about the United Network so I note that the retirees deductible so the deductible versus copay so I know that we're seeing an increase in the deductible sorry the copay is it a copay the deductible the deductible for the retirees couldn't we do better than that we talked about the fixed income but now when they're going to the doctor they have to take more money with them in order to pay for their copay so the deduct Beverly Joseph chairperson and Sherry Harmon Butts is gonna elaborate the deductible is at the beginning of the year so they still remain when they go to the doctor they don't pay anything urgent care there's no cost it was free last year it's gonna remain what's the increase amount so the increase now is 500 time what was it before it didn't have anything so now they have a deductible now they have and it was out of put the deductible in or or they would have seen a significant increase that I explained in my territory, it would have gone up more. So, right. So, that offsets. Right. So, we're seeing, while I agree with you, we're seeing a deductible on their end, and we are seeing a flat line on the actual overall insurance costs. But there's still a cost to those retirees. So, I want to make sure that we're clear on that, that there is still a cost to the retirees. Mr. Chair, can I wrap up, please?

1:26:23 I wish we had more time to ask these questions. Let me allow for Ms. Butts to further respond, and then I'll allow you to wrap up. Sure. Morning again, Sherry Harmon Butts, UnitedHealthcare. Not sure if my microphone is on. Sherry Harmon Butts, UnitedHealthcare. Yes, and as the Chairwoman, Ms. Joseph, explained in her testimony, The reason for increase on the Medicare Advantage plan had to do with CMS funding for the 2024 plan year. So, while, you know, the retirees have not had a plan deductible for the past four years that they've been on the Medicare Advantage plan, they will face a $500 plan deductible.

1:27:19 and we did that in order to avoid a um an increase to their monthly to their bi-weekly um deductions uh thank you for your response um for gregory you could uh yes i'm gonna wrap up with these two since my time has already been called you can answer on the chair's time um the retiree's life insurance what that amount is at uh the the amount that's included in the plan plan is at $5,000 as opposed to the Cigna for active employees at $10,000. And the last one included there is the UHC Wellness Fund for the retirees remain at $200,000 while Cigna is at a million. Can we give additional consideration to our retirees in those two categories? I think there's an opportunity and there's room for us to make adjustments in those two areas. Thank you. I await the response.

1:28:18 Thank you, Senator Fred Gregory. Ms. Joseph, you may respond. Beverly Joseph, chairperson. So Senator, you're looking at the wellness fund under United Healthcare to increase from the 200,000. We can go back during our next negotiation with United on that. Please recognize the mic of Senator Fred Gregory. To see it now. We would like for it to be given consideration now. We've done it before, and I really think that consideration needs to be given, more consideration needs to be given to our retirees. Our retirees are on a fixed income, and we talk about it all the time, and we need to give it strong consideration.

1:29:01 The wellness is the money that is given for them for the wellness. They go to the gym for the produce bags. I understand. Okay. And there's more. So we need to give them more turkeys, and we need to give them more food. So yes, that's what I'm saying. especially with a deductible being up I wanted to go back a little bit to deductible before we go to the next senator and have you been able to glean what would be the adverse impact as a result of deductible we have our our seniors our retirees await a more catastrophic illness before actually seeing their provider as a result of waiting for this this $500 deductible Do you think there would be a reluctance for them to actually go in earlier?

1:29:47 Beverly Joseph, Chair, no. Because the Advantage plan combines the original Medicare. Under the original Medicare, every retiree have a deductible that they have to meet. It was just absorbed under the Advantage. It didn't have to come out of packet. It was already met by the plan. Had CMS not implemented changes, we wouldn't be here having that discussion. So once the deductible is made, they don't have to meet the whole $500 one shot. They may have gone to a doctor here and that money that they went and they paid would be applied to the deductible.

1:30:23 If they are not sick that they need to have surgery to have to pay that $500, they're going to their PCP, they're going to the urgent care to seek care, they do not pay anything and the $500 does not need to be applied. It's going to be applied like if they're going to have surgery, they have to do their lab works that's when they have to meet the deductible so that the insurance could step in and assist. Very well understood. Point of inquiry, Senator Frank Gregory. Thank you Mr. President. The question with regards to the life insurance was not answered and the fact that they do go to the lab so they go to most of them go to the lab every three months so they have to make the deductible so let's not let's make sure we all understand that there is an increase on the retirees but the question with regards to the life insurance the differences what was not answered and why Beverly Joseph miss daily chief group health insurance the basic life insurance that the active employees and retirees receive is paid for by the government at a hundred percent so active employees have ten thousand and then when they retire to get $5,000. So that's paid for by the government. You want to see an increase in that, but that would have to be something that the board would have to take to the carrier and a request made.

1:31:50 Gregor, you wanted to expand? Oh, boy. I don't want to take up all the time, but the question is, so I'm an active employee. We are active employees. When we retire, our life insurance coverage is well-weighted. here it's 10 when we retire it's five i mean how does that make us feel warm and fuzzy um valerie daily chief of group health insurance the program offers a life insurance of voluntary life insurance that the retirees can purchase they can buy up to 150 000 the basic amount is what is given to the members by the government but they can purchase additional life insurance if they so choose beverly joseph i think what we're not answering that 5 000 is what the government set for it so you as this body is who's going to have to make the change to say you're going to pay more for the retirees we go into negotiations with the 10 and the five because as a once you come into the government working as an active employee you get ten thousand dollars and then you can purchase the supplemental to buy up if you want more when you retire you retire and the government say we will pay but we're gonna pay you five thousand so if you want to make that shift it's not the board it's the body that has to make that change because that is what was put in place when you come in and say you're gonna be an employee of the government very well we'll move on from there but that's something that we definitely have to take a look at I'll to make that determination. Seem a little bit counterintuitive for that to happen. At this time, Senator Potter, you were recognized for your three minutes.

1:33:37 Thank you very much, Mr. Chair. Good morning to you, my colleagues. Special good morning to Ms. Joseph and the members of the GESC health insurance team. I want to say that, overall, I am pleased with the package that you and the team were able to negotiate on behalf of the people of the United States Virgin Islands, given just the whole climate of rising insurance costs throughout the nation. I wanted to ask you, though, about the limited number of persons who responded to the RFP. Is 30 days approximately enough time for something of this magnitude in the hundreds of millions dollars. Is 30 days enough time in your view to really maximize the interests among qualified companies as a standard? Beverly Joseph chair, Christian Burstrom. That is an industry practice for 30 days. Okay, thank you for that.

1:34:45 in general is there a mechanism for and I know we have members of the board who are elected and in theory those are the that is the voice of the people so to speak is there a mechanism for employees and retirees to weigh in on the type of plan they would like to see you know their satisfaction with the plan etc is there a means for them to um weigh in on that beverly joseph chairperson yes there is one that's why we have um our board meeting is open to the public they can come and share and also division of personnel they put out meetings they go out into the community they have engagements we have an open house that we will come board members will be there let's hear your concerns some don't even to the very expo that division of personnel put in there was a room for you to go in and out your concern i think from the data we had one person in that room yeah i'm not surprised only after the fact you you may get persons weighing in after the fact but generally speaking the participation you know is typically low i would imagine unfortunately though how was your scholarship program administer I know you do the nursing scholarship the six thousand two hundred dollars a year how was that is that just you provide a money or signal provides the money and gives it to you UVI and they do their thing correct so Beverly Joseph I'm going to have the poly answer the question good morning and the policy signal health care so sir the way the

1:36:31 scholarships work is that we do offer the scholarship amount um i spoke i spoke with a representative at the university of virgin islands and the way it's administered is that not all students are eligible for the scholarship in order for them to be selected they have to have a grade point of 2.5 and higher they have to be resident of the territory graduated from a local

high school. They also need to maintain a work-study requirement and there's no requirement to take the scholarship if it's awarded. Some students actually don't take it. If a recipient accepts the scholarship then that will apply first and then any other grant or program that is available to fund the room and board. The program is for four years and the funding for the scholarship needs to the applicants need to apply every year in order to receive the scholarship it's not automatic and the reason for this detailed information was there was a comment made that the government actually provides free education to the residents here so should they wish they can avail that as well in addition our scholarship okay mr. chef I may with just one one final question. I wanted to ask you about the House Calls program in the retiree plan. And I was just curious. I mean, it's a very, very good initiative, but I was curious as to the rate of utilization. I mean, is this being utilized by our retirees?

1:38:19 so beverly joseph chairperson are they aware of it oh yeah sherry can you say the numbers please uh again good good morning sherry harman but united healthcare i can pull that up but it is highly utilized by the um members um in both saint thomas st croix and saint john um just to expand on the house calls program for those that aren't aware what house calls does is we have UnitedHealthcare nurse practitioners, so they're actually UnitedHealthcare employees, that come into the retirees' homes and do a head-to-toe exam. They spend anywhere from 45 minutes to an hour with them, and they take the time to talk to them about their health conditions, their medication, they go through their medications with them, and just give them the opportunity to ask any questions that maybe they haven't had the opportunity to ask with their primary care provider. And we're not looking to take the place of their primary care providers, but what we're looking to do is just support what their primary care providers are already doing. This program has a 99% member satisfaction rate. And once a House Calls visit is completed, within two weeks, the retirees actually get a gift card from UnitedHealthcare. can pull up um if you just give me a minute i can pull up the number of house cold visits that we had in 2022. excellent thank you excellent program i'm glad that it's being utilized thank you very much for the leeway mr president thank you very much for your line of questions senator potter before we go on to the next senator i didn't want to overlook some of the enhancement and certainly the pre-diabetes program as well as the mobile uh two vans uh can we discuss at least the mobile vans how effective that that have been um for for us beverly joseph chair the wow vans we call them wellness on wheels um as some of the senators know we took a trip to west palm beach the ideal dream of the gsc board we wanted to have a wellness center on both islands and the wellness center was came about because of the same conversation with nation with members i don't have 20 dollars to go to the doctor to do the copay the data from the on-site nurse going to different agencies and having to call the ambulance because employees blood pressure were high about to stroke out so we wanted to have the members and their dependents be able to go just to get basic triage and they wouldn't have to have a copay to look at it didn't come with the building however our consultant was like you know in the mainland they have the vans that can port and we looked at it the nurses can go to the different departments and park up so the employees don't have to leave as well as when they don't have a scheduled visit at we can go out into the community and park up so those individuals that has the insurance that are dependents on the plan and and they show proof, they can also be seen there. Division of Personnel has a calendar that they coordinate with the on-site rep so that they're aware of where the vans are gonna pack up. I have seen the wow vans at the legislature at St. Croix, so thank you guys for participating. So it is great traction so that the governor has also informed us with the director,

1:41:55 hey, let me know what commission is not allowing their agency employees to come out because of the importance of catching the sickness before it becomes catastrophic. And we are very pleased with Cigna. Thank you. Thank you for the body and the governor for allowing the well vans to come to fruition. Very well. Thank you. And I wanted to get the Division of Personnel to just speak to, you know, what is happening with the well van. In fact, we are allowing for the government agencies to take advantage of this has been indicated. they have certainly done that but we've seen that in the rest of central government as well please recognize the mic of director cindy richardson good morning cindy richardson director division of personnel yes definitely in the collaboration with the board we were very pleased to introduce the wow vans we did showcase them at the ag fair on saint croix and the wow van has been very beneficial they are present at all of the agencies we do have a schedule and the wow van is actually scheduled throughout the remainder of the year on the agencies are requesting it and we actually been told it has actually saved lives for some of the individuals as they utilize the insurance just sometimes for their their family members and not themselves so having it go to them it has been beneficial to all of the agencies participating outstanding thank you next we will recognize senator maurice c james esquire you recognize your three minutes thank you thank you mr cheer good morning virgin islands good morning everyone in the room and good morning to everyone listening this morning uh i was you you actually triggered my curiosity when it came to, there was a page that talked about stateside retirees and island, I guess, territorial. And I was wondering if you do, if you have data maybe

1:44:09 on the comparison between utilization of, and claims, do you have those? And can you tell me first of all, how many retirees are stateside and how many are territorial? Beverly Joseph, Valerie Daly Chief. Valerie Daly Chief of Group

Health Insurance. We have 5,294 local retirees that are over the age of 65. And then stateside, we have 1,084.

1:44:38 Okay, so we have more people here in the territory, which is interesting because I was going to say, we do have an aging population. And I saw, and it's good that they're here, but life is harder here, right? In terms of just groceries and other things that we just have to pay a premium on. I did notice too that, and I wanted to ask this, when it comes to respondents to your um your request for is is that um normal that you would only get two respondents is that something that that is because of the virgin islands or would states get more responses and and one minute you know there seems to be you know there's a competitive advantage right now for signa and united because there aren't anyone else for me to compare them to really um and so i'm just wondering are we just stuck in in terms of um competition we're not so beverly joseph i'm gonna start and then christian gonna take off because he doing when you look at the dynamics of our plan we're not a self-funded plan we're fully insured and in the mainland a lot of the plans are fully or self-funded opposed to fully insured you also have a car split the 65 35 so getting them to understand and convert to some of the requirements that goes out into the rfp they like no and then when it comes to the retiree portion of the plan you have to be registered here united healthcare is registered to do that so that

1:46:35 pokes some of the dynamics in it christian before before you go to christiandom mr christian um so you're you're actually saying because i i actually think that what you've negotiated is excellent when i compare it to other places um so you're well let's go to christian because my i i go ahead good morning christian berkstrom gehring group so as miss joseph did mention there is a lack of competition here in the territory it costs insurance companies a lot of money for their licensures and to file the rates and there's you know not a lot of large group employers here in the territory and many of the large group employers here in the territory are groups that are stateside so they are part of a larger organization so that that that insurance is technically purchased stateside and also a majority of governmental agencies are self-insured meaning that they pay the claims it's coming right out of their pocket so in this instance where you are fully insured you are asking the insurance companies combined to take on 180 million dollars plus in risk yeah and um they have to be fiscally sustainable in order to take on that risk they have to be rated well by the financial uh ranking companies um to in order to be viable to pay your claims okay i i guess we're gonna come again around are we okay the for me i just wanted to wrap up and say this, that I'm actually from the military with TRICARE active, so think

1:48:23 about it. For me, this is a big transition because I simply walked in and walked out when it came. Yeah, so I'm trying... But when I looked at it, I thought it was a very, very attractive plan in terms of what is being provided to the people of the Virgin Islands. Thank you, Mr. Chair. Can I say something, Senator, to that? you may thank you senator uh james beverly joseph when the body is looking at it bear in mind in the mainland when you retire they don't cover you under the insurance you fall off you go to the marketplace to get an insurance and if you're 65 you go you should have medicare that will cover you the virgin islands is so rich when this board travels and we go to the ifep conference they're like the Virgin Islands have to have money you still covering retirees so that is a big component because most insurance most states do not cover retirees when they retire we do good point well thank you thank you again Senator Maurice James next we'll recognize Senator Ray Fonseca chairman of the Health Hospital Human Services for his three minutes yes thank you very much mr. chair a pleasant good morning to all the distinguished panel of testifiers are Beverly Joseph dr. commission Cindy Richardson Avery and all the other distinguished panel you know congratulations you know job well done you know you were able to maintain the costs as a matter of fact there's a 75 $5,000 saving for the active employees, $328,000 saving for the retirees, a total of $403,000.

1:50:18 I have so much questions, so I'm going to be quickly and rapidly. So, Ms. Joseph, is it your testimony that the retirees and the employees will continue to pay the same? Give me some further details on that. Beverly Joseph, chairperson. For the under 65 and the active employees, they will see no, once the body continues with the contract and paying the difference that they have, not shifting on the contribution done by this body, they will see no increase for that population. Excellent. Semi-autonomous, just want to make sure. Semi-autonomous, then we'll stay the same.

1:51:08 Yes, thank you very much. You know, the hospitals, I have to mention this, you know, the hospitals are indicating to me that they want the preferred provider status. So, later on in the year, the Committee on Health Hospitals and Human Services is going to invite you to give testimony towards that because you know the uncompensated care that the government of Virgin Islands has to pay for continues to be very expensive and I want to know one minute the board's position about waiving the zero copay requirements for services that can be done at the st. Thomas Hospital that people our residents travel to you know Cleveland Clinic and Mayo Clinic in the States to do because you know the hospital's rate should be at least the same or higher than ambulatory surgical center rate in other words if you go and have this elective procedure in the hospital and you go and have this elective procedure in an ambulatory surgical we want our hospitals to be able to receive at least the same or more because remember we want to make sure that our hospitals are getting these insured patients this is very important so the committee and health hospital is going to ask for testimony

because you know you and i have discussed and i know we can't disclose this mr president if i can um i know we can't disclose it um but there is millions of dollars the people us are paying going away to the states for surgery surgical procedures that can be done locally and will save the government of the Virgin Islands millions millions of dollars so thank you very much Mr. Chair for the time thank you very much

1:53:10 Senator Fonseca and next we'll recognize is there any response to that comment that was made by Senator Fonseca, before I go on to the next senator? No, go ahead. Okay. Senator Dianne T. K. Part, you're recognized for your three minutes. Thank you, Mr. Chair. Blessed good morning to my colleagues. Good morning to the people of the Virgin Islands. Beverly Joseph and your team that is before us today. I am pleased to hear today that there will be no reduction this time. Thank you. thank you on behalf of the retirees well the active employees but one thing I want to address which I don't think none of my colleagues talked about we've had an increase with pandemic natural disasters an increase of behavioral issues the territory deserves affordable access to mental health care with psychiatrists and mental health therapists on island off island are there any expansion of services for behavioral health beverly joseph gsc chair senator yes under the plan we have the eap employee assistance program and the members as well as their beneficiaries can tap into that And I need to put on a record that if and I know some households, you have your husband, you have your wife and you may have a brother or a mother that's in that home staying with you, even though they are not on your plan, they can utilize the EAP because they're living in your home and you are the primary giver. So if you know you have someone in the home, they're not on your plan, but they're having a behavioral issue, stress is a killer. And let them sign on to the EAP, you call, give the information, give them the name, they can go and utilize those counseling sessions. The board right now has put aside some money to give to divisional personnel because we need to utilize and have a forum done for mental health.

1:55:27 I've also spoken with Cigna. They're going to coordinate to get someone to come down here. I know the chief, Valerie Daly, has reached out to Cigna and I have approved to utilize the EAP hours to make sure that counsellors go to each department because everyone is impacted in some form when it comes to mental health. Thank you. I'm so glad to hear that. But you mentioned earlier about a wellness centre. How can Cigna assist with a facility addressing our behavioral health issues? Is that anything in the plans or can be done? We can have. We have board meetings.

1:56:10 So when we go to the board meeting, we're writing down the questions and all the recommendations that's asked. And we will tap in and have a conversation on that. Okay, great. Why is the process so extreme when a primary care provider makes a referral for, Mr. Chair, if I may, for a CAT scan, MRI? Why is the process so tedious? I feel like if my doctor says you need an MRI because ABC, and then when you go to get the test, then there's such a long process. this might be a life or death situation where I need to have this now and then they take me through this long process before you could actually be approved. Is there going to be any improvements on that? Senator Beverly Joseph, Senator Capehart, I'll have Dr. Howell answer that question.

1:57:08 Dr. Howell, Cigna, in general and really specifically, the process is not that long and onerous. If the right information comes in, the process gets approved. The challenge we have here on occasion and also on the mainland, we don't get the information. And that's a bad process from the practice side. So for clarification, if I may, you're saying that you don't get enough information from the provider?

1:57:41 Yes, ma'am. And many times when a practice's office delegates that to a radiology facility that doesn't have the records for that particular patient, the radiology facility cannot get the authorization because they don't have the information to even request it. So we've been making, you know, sharing with the providers, provide the information. In addition, when this came up before, I personally led conversations with offices that wanted to participate or chose to participate and their staff, how to use the portal to supply the information to make this an easy process. Didn't get a lot of uptake. We provided information to doctors who had the highest volume, so I know for a fact that we provided the information and are available to provide information when we're asked. We also have Patty, who is our provider relations specialist, who also goes out to offices and helps them to understand how to do this. This does not have to be complicated.

1:58:44 And just in final, as a physician, I'm not always trained to know what kind of test is needed for a particular condition. I know two tests, an MRI and a CT. And depending on the condition for which I'm trying to investigate, it may be one or the other. You may have to do two, but you would do them in sequence as a physician sometimes I just shotgun order and when it gets to the process of where radiologists are looking at some of these procedures say what is the right procedure they will offer to make the clarification we reach out to physicians to discuss that with them to get to the right procedure and worked again to make this easy. This is It's not uncommon on the mainland either, but we're working to make it easy. But when you talk about trying to keep your costs low or keep your costs affordable, these tests are very expensive. So we need to make sure we're doing them for the right person at the right time for the right condition. It's a continual education process. It's been throughout my entire career and I'm sure it's gonna go on even longer. Thank you, Mr. Chair,

if I may ask one rapid question. You may. In, on page 18, it was mentioned the board is also in ongoing discussions with Cigna, United VI.

2:00:10 I'll jump to exactly, he says, with a focus on eliminating abuse by certain practitioners. Can you tell us what kind of abuse does the board encounter? Dr. Howell? Dr. Howell, Cigna, there are practitioners that order multiple types of therapies for conditions that don't require ongoing therapy. Physical therapy sometimes can be ordered multiple times for months on end where the care is not necessary. We even have cases where therapies or treatments can be ordered for which there is no medical record evidence to prove that that therapy was even medically necessary. And when we find it, and when we find it, we reach out, look for that information, query the provider, get them to give an opportunity to explain.

2:01:07 And if they cannot, then we tend to want to close that down. Thank you for that. I was going to ask, how do you deal with it? Thank you. Thank you, Mr. Chair. Thank you very much, Senator Capehart. Senator Fonseca, you had a alibi, a point of information. Yes. You recognize. thank you very much uh mr chair um the fee schedule i wanted to know uh you know because i'm trying to get more income for the hospital so the current fee schedule that the hospital has what is the date that that was negotiated and what will it take to begin renegotiating a new fee schedule for the hospital? Beverly Joseph, Cigna. Yes, Alita, Milt, Cigna. The last negotiated rates were in 2014 however the methodology that your hospital is on is on a percentage of charge so over time some increases have occurred that we've detected and we are more than happy to have conversations around the negotiation of course we want to keep um predictable and affordable rates and that is the interest that i think we both have thank you very much you'll be hearing from us shortly we want to begin those negotiations thank you mr chair thank you very much senator fonseca next we'll recognize the majority leader senator kenneth el-gittens you recognize for your three minutes Thank you, Mr. Chair, and good morning to all.

2:03:00 Let me first congratulate the team on this today. But I have to agree with my colleague, the first speaker, that this good work coming before us today to act on it today, we've got to do a little better than that. but thank you all so much for coming to this and you know just before i ask you anything i i gotta say on behalf of the people of this territory especially those in the saint thomas and john district right now wapa we gotta do better than this it is totally unconscionable at this time especially as we're going through uh this heat wave hopefully there's a remedy to this this quickly, especially the fact that we have these millions into billions of dollars through the Bipartisan Infrastructure Act, that they could be tapping into these funds so that we could change our infrastructure.

2:04:05 However, I wanted to ask, because I understand and I'm not sure if it's the personnel, Ms. Joseph or whomever, but it is my understanding that there's a loophole where government employees who find that they can qualify for Medicaid will opt to come out of paying the government insurance and then at some point it seems like they're kicked off the Medicaid and when they end up going to our hospitals of course this become another uncompensated care what could you tell me about this loophole and how could we address this Beverly Joseph chairperson Miss Daly Valerie Daly chief of group health insurance good morning first of all is this so have you heard this no oh I have not but what I can tell you is that if you are government employees you have the option to waive the government insurance but you have to provide us with proof that you have insurance elsewhere so if you have Medicaid you can waive the government insurance because you're covered on the Medicaid when you get kicked off of Medicaid you have 30 days where you can come back to the government's insurance and be covered by the government insurance. We're not gonna know when that person get kicked off of Medicaid if they don't tell us. But we allow them within 30 days to come back onto the government's insurance and be covered. So it's up to that employee to let us know that they have no coverage with Medicaid and then we allow that because it becomes a qualifying event thank you time has been called but I have a habit of calling

2:06:07 people phone so thank you again for what you brought before us and I'll contact you Miss Joseph directly with some other concerns yes and just Mr. President just just just so you know So after today, I think you will be able to thank the 35th legislature for assisting with that crisis rapid response for human services with the return of those individuals whenever they're airlifted to the mainland and trying to get back home. All right? Thank you. Thank you, Mr. President.

2:06:46 Thank you very much, Senator Gittins. Next, we'll recognize the Senate Secretary, Senator Carla Joseph, if you recognize for your three minutes. Thank you so kindly, Mr. Chairman. And I want to definitely commend the board as well as personnel and all of the consultants, as well as Cigna, for putting in a UnitedHealthcare, for putting in a bid, and for our team who were elected by your active employees to negotiate a very fair deal for us. I do have a question where I see a little bit of a disparity. I would like you to turn to page six. I love this motivate me program that you have, but it seems that you're being a bit discriminatory to us who are single and have dependents because it's only to the spouses are the dependents um also included in this because it only states spouses beverly joseph chairperson yes senator you're correct it only said the spouses where it's not gonna stay like that we're taking it in stages um in the beginning it was only the act the policy holder that had it and we did get feedback what what about our spouses what about all the dependents that goes motivate me and this particular incentive is to get the policy holder to get hold of their health because many times on the

data that comes back to the board it's the dependents that's going to the doctor it's a dependence the state and their health but the policy holder that's the employee or the retiree is not i've said it so many

2:08:42 times before the body we take everything for gas it is not gas it's your body telling you go check me out so we were incentivizing you yes miss joseph i would say a family that prays together and exercise together stays together and they take care of their bodies together so it is a function of our entire unit i have an exception i really think it should include the dependence in this uh too because many of us have opportunities where we take our young people yesterday we had a committee on education and workforce we are seeing our young people are having a lot of issues they start from young with obesity hypertension they're even looking to commit suicide god i'm telling you this is so the family the family unit okay the family unit needs to be included so that they can provide the supports because sometimes the children help to motivate the elders their parents and vice versa so that's one part i would like you to really reconsider and look at that uh mr chairman i just have one final question if you would allow me kindly thank you so much i want to go to this area regarding the insurance especially for the retirees kindly indicate for us what is the maximum year or age rather that a um a retiree or a person can collect on their life insurance what's how old they have to be is it for their whole entire life or even if they're a center centurion so valerie beverly joseph valerie daly group health

2:10:34 chief valerie daly chief of group health insurance is for the duration of the policy so as long as that member holds a policy it doesn't matter their age when they die the life insurance is paid out to the beneficiaries wonderful thank you so kindly matter mr. chairman and thank you so much miss Beverly Joseph and all of you thank you kindly thank you very much Senator Joseph I just want to say for the record that in fact this measure of the agreement came down to the Senate on September 15th after my office called several time to government house to try to flush this out in preparation of this budget review today and what was concerning for me is to make sure that this insurance didn't lapse on government employees seven days seven days to be able to turn this around from receiving from government house to filing it performing it and have it ready for today vice president blighting you recognize for your three minutes thank Thank you so much, Mr. Chair, good morning, Board Chair Joseph and all other testifiers.

2:11:46 Thank you so much for your testimony. On one hand, I would say the board should be commended, as the plan before us has no increase in premiums and for most part, there are no changes in benefits, but according to act number 7023, which changed the VI code to require the new health insurance agreement must be submitted by the governor for us, to us, no less than 120 days before the expiration of the existing contract. And in turn, this body should have 60 days to ratify before the contract expires. But as the chair stated, September 11th, it was submitted from the governor to us and we received it on the 15th. So my question is to you, why is that another problem? Because every year we have to be rushing, we really have the choice. And can you explain please what the issue beverly joseph board chair so yes on behalf of the gse i apologize that you guys got it on the 15th that was not the overall goal plan of the board we pushed hard to negotiate and it was a lot going back it's not that easy when you get changes on the carriers that's going to change the dynamic of the premiums and the overall cost to the members our fiduciary duty is to the members and making sure that when we come and negotiate and execute a contract that is going to come down before the body to be ratified that we have tried our utmost best and hearing the challenges with united healthcare we was back one minute signal was fine but that

2:13:41 united healthcare we had to make sure we get best and final after that the signators and the language is going back between the attorney general office and the attorneys for the carriers making sure the language are conducive to what the vi asks for takes time what's your recommendation briefly any recommendation no patience okay very well and before my time is called um i know There were no premium increase to the policy for retirees over 65, but there are changes to the plan which will have a negative impact on retirees in particular, and especially those with lower incomes, and that bothers me. I know that the changes were negotiated in lieu of a proposed premium increase of 20%, which would amount to some 3.8 million dollars. And those changes included $500 deductible, $250 inpatient hospital admission, $100 in emergency room, et cetera.

2:14:52 So I believe the brunt of the load is placed on those retirees who are the most vulnerable, in my opinion, on them. So that's my vexation in terms of us not having an opportunity to see what we can do as a body to assist those that need our help the most. So please, I hope, hopefully next year it comes down on time so we can do what's needed in respect to filling the gap.

2:15:24 Noted. Thank you so much. Thank you, Mr. Chair, for the time. Thank you very much, Senator Blyden. And again, I wanted to go back to those, if you could put three minutes on the clock for me, please, Mr. Timekeeper. I wanted to go back to the chronic illnesses and just have a discussion in respect to recognizing the trends, and we've had this discussion before, recognizing the trends and some of the preparation. I know that you put in place the pre-diabetes.

2:15:57 We have the wellness van. You know, but how important is this information, this data being utilized for us to, again, proactively, and that's kind of open-ended in terms of proactively. I think it's more reactively, but nonetheless, how do we offset, you know, what is transparent or what the data is telling us? Beverly Joseph, board chair. Proactively, everyone has been doing their due diligence. the vision of personnel goes out you know they have their meetings they meet with the HR give the information to disseminate to the members the on-site reps and the wow vans go out into the community goes to the departments gives the information our wellness programs trying to give the members back to take track of their health motivate me we're paying you when we started motivate you to start you would have to wait until september 30th to cash in to get your awards now with the way how motivate me set up if you did your walk and you go in and you see you have 40 on a card you can claim it right now and get that card to utilize if you needed to get some prescription whatever you want to do we're trying everything to reach the members to take stock of their health but at the end of the day it starts with you the member you have to realize what's going on within your body and you know you come from a family that has diabetes hypertension cancer go get tested everything is free let me say that word again it's free for your preventive services to go you will not once you tell them you're doing a preventive services should not pay a copy it is free and if you do get on the phone call the vision a personal call your on-site rep so that

2:17:48 they can reach out to the doctor and say you're probably using the wrong codes those codes should be the v code because the member doesn't pay not even a copay they go and get those preventive so that you could jump ahead of the ball and nip anything in the butt that's coming very well and in respect to the uh i'll come back to you just now um in respect to the supplemental coverage um can you tell me what what is some of the requirements for the supplemental coverage because obviously uh we want our um covered employees to have the best benefit possible to them um you know some of the issues that we have heard on in respect to that is that there's some stringent um coverage in order to allow for those supplemental additional coverage uh to to to be gained so what what is required for the supplemental coverage time miss daly valerie daly chief of group health insurance there's no requirement um once we have open enrollment a member can just select the benefit if they want accident if they want a critical illness or the hospitalization they're just going to bentec and select those benefits during open enrollment so there's no prerequisite for them to select that benefit during open enrollment so So preconditions and those type of things are not a concern once you within that enrollment period.

2:19:06 Correct. And for the, I know that you just spoke about the RFP that you just issued an RFP. Is that RFP for the next period of time? Is there a next three years, five years? What's, or is it on an annual basis? Speak a little bit about the RFP. It's on five. Christian Bergstrom. Christian Bergstrom, Gearing Group. Yes, the RFP and the contract submitted before you are five years. Five years. we locked in for five years and the real quickly in regards to the $40 quarterly for our retirees is there a rollover if they don't expand that amount within the the mother quarter or they lose it as they have to be use or lose within the quarter so no Beverly Joseph chair they can roll over but by December 31st they have to spend those dollars it will not roll over to the following fiscal year but if they've got the money in April and they didn't use it it can go back on a quarter the remaining balance will be added to the additional but they must utilize our funding by December 31st very well and Dr. Howell you had something that you wanted to interject please recognize Mike one Dr. Howell segment so I wanted to get if I could sir get a little bit more in detail detail about your question about chronic conditions. Absolutely.

2:20:27 You know, we lost three years due to COVID. So we, in 2019, we kind of shut down, we're getting back in play in 2022, 23. So I've been reviewing the data, been talking with the board. I've even talked at this session before the COVID about chronic diseases, in particular, certain types of cancers. Ms. Joseph did mention that one of the highest leading causes of our expenses are the state late stage cancers that we found. When I look at the data and I look at where the cancers are, the cancers are in three or four major categories. Breast cancer, colorectal cancer, and for men, it's prostate cancer. Now, there are a lot of other types of cancers like lymphoma, leukemia, but those are things that you can't screen for. So I can't really tell you I can do much about those, they happen. We treat them with the state-of-the-art drugs and they get better and the cancers are held off.

2:21:24 So what we've been doing is, well, let me back up. In order for anything to happen in the community to improve the health, the physicians in that community really do have to take the lead. So one of the things that I've been doing is working to activate the physicians in this community to be aware of the challenges to a greater degree and to reach out and want to start to do more. And we've had some pretty good responses from some of the physicians. Let me give some specific examples of some things that we've done to impact that. We talked about the Wellness on Wheels vans. There are people out there who come into those vans to get biometric testing that don't even know they're diabetic. We set up a process so we could do the hemoglobin A1c, which is a blood test that will let you know if your blood sugar is elevated for a period of time and you probably have early pre-diabetes or diabetes. So we now are able to perform that test in the vans. We also set up a process that if an individual comes into the Wellness on Wheels van and they see one of the nurses there and they don't have a doctor, we work through a process with VI EquiCare, the contracting arm for the physicians to

make sure that there are office availability for folks to get a warm transfer. I can call from the van and say, Dr. Comicheong, I've got this person here that would like that needs an appointment they've got an elevated this dr commission has available in his office and will take that person so don't wait three months to be seen we've also turned around and started focusing on those three cancers we're trying to have conversation i say trying because i'm external i'm outside of the community but working with folks in the community start figuring out how to have conversations with men and women to get the colorectal cancer screening

2:23:11 now recognizing that people don't want to get the colonoscopy they're afraid of it we've implemented a process called the fit testing and one of the labs lab core has put a process in place with us working with them to reach out to eligible members who are of age and send them a note saying you're eligible for stool testing or colorectal cancer screening we want to send you a fit test it is a fecal immunohistochemical test it tests the stool for blood it's a screening test it should be done once a year because of the change in the schedules I think the rates you start at age 40 now we will send that to eligible individuals if it comes back negative we tell them if it comes back positive we tell them but we then set up a process if it comes back positive, we'll reach out to the GI, the GI doctor on the island will be notified and they will make an appointment to follow them up. So we've kind of started to close that gap there. Now we got to get people to take the test. That's the challenge. Because because you're an island, I can't do some of the things you might see on TV like cola guard or originated here because it is a bio it's a biohazard and so it does it can't by the time it gets to the lab it can be inactive so we had to create a process so we also created locations to pick up that you can drop the test off and we can get it to the lab in time get it tested so we're trying to close that gap but we got to get people to take the test for prostate cancer we're talking to primary care physicians we've talked to some of the urologist here one urologist said by the time they see the men they're at stage three and stage four prostate cancer and that is appalling so and part of the challenge is men aren't even getting their PSA

2:25:09 blood work so we got to get back to the roots and tell the primary care physicians come on this is bread and butter this is blocking and tackling you're going to get their blood sugar their cholesterol order the PSA it's no it it's a blood test check the box get the blood test now we can identify men who have rising PSAs prostate specific antigen and then know that they are developing something don't know if it's cancer yet but if it's rising it's telling us something and so we can now get ahead of that and then finally for breast cancer screening you already have very good rates for that but they could be better women the red the the the screening time has come earlier so we're now saying you need to go ahead and get screened timely but you need to make sure that we get that rate higher than it is but that is the best rate women are doing more than the men are but when it comes to colorectal cancer on average a four-year average is 32 42 percent for prostate cancer the four-year average is 26 percent for breast cancer the four-year average is 58 percent and then just then we talk about the motivate me we talk about the incentives folks aren't getting their annual physical exams the four-year rate for four for physical exams is 35 that means once a year a doctor's laying hand or nurse practitioner is laying hands on you checking you out and knowing that if your condition's changing from year to year. Now some of that could be the way they code, meaning I see you for your physical, but then you turn around and you say your shoulder hurts, so they're not taking me to get an office visit. But we're re-educating and using the fee schedule to re-incentivize and raise that level up. The wellness visit pays better. So we're saying, doctors, we're giving you more for this.

2:27:02 We're gonna need to take it further and make sure we educate the doctors on what the incentives are so they can know. So when a patient comes and said, Doc, I need my physical, it sinks. Because you go in and say, I want a physical. I say, well, why do you need a physical? I see you every three months or whatever. The hemoglobin A1C is the one that hits me most. And that's what inspired us to try to reach out with the wellness fans. The hemoglobin A1C rate, four year average, they get 1.3 tests per year. The standard of care is two to four if you're diabetic. 1.3 times, that means if you're a diabetic, you're not getting your hemoglobin A1C tested.

2:27:47 So I don't know if your blood sugar is under control or not. When you talk about, Joseph talks about chronic disease, heart disease, kidney disease, eye disease, circulatory disease, is because we've got rampant diabetes in our community. So we're saying, docs, come on, the standard is two to four times a year. That's at least, I mean, on the low end too, but 1.3 is not hitting it.

2:28:16 That means people aren't getting the testing. So we're having to reeducate just everyone, if you will, on what's recommended and required. So in order for us to fix the number that you're afraid of, and I think Senator Potter might've mentioned, going up again next year, it takes years to get out of some of these trends. Because there's cancers I haven't even diagnosed yet. But the goal is, let's diagnose them early. Get them at stage one, stage two. Either have the surgery, or get the chemo, get the cure, and keep your costs from escalating. But if we don't get engaged on the ground here, and that's a community concern, we need to figure out how we get barbershops, hair salons, churches, places of worship, starting to talk about these things. And that is just not what we do in our community.

2:29:13 I'm just gonna be honest with you. I know this, I can say this, okay? We've gotta do better, but that's where it starts. Because I think you made the start this morning They said, you had, Senator Joseph, that you had a church member, I believe it was, or someone. That's where it has to start, that their conversations are there. Because if they start it and go to the doctors, and the doctors are in line, we can get the testing, we can get the diagnosis, we can get folks under control, and that's how we lower the trend. But to be honest with you, if we don't do the basics, we're not gonna fix this. And unfortunately, we're in a closed society, and you don't have the luxury of losing citizens in your population because they're not coming here to live. So we've got to do better.

2:30:02 Thank you. Thank you very much, Dr. Howell. I think that that was conversation is one that we needed to have. And I appreciate you going into much details about this. What I'm gonna do at this time is to allow for a three minute recess. And then when I'll come back, we'll see if there's any burning questions by my colleagues and then we could go to wrap up. committee of the whole stands at recess for three minutes Thank you. Thank you.

2:31:51 Oh, my God. Thank you.

2:32:51 Thank you. Thank you. Thank you.

2:34:21 Thank you. Thank you. Thank you. Thank you. Thank you. Thank you.

2:37:21 Thank you. Thank you. Thank you. Thank you. Thank you. Thank you.

2:40:21 Thank you. ¶¶ Thank you. Thank you. Thank you. Thank you. Thank you. I don't know. Oh, my God. Thank you. Thank you. I'll see you next time. of recess at this time um again colleagues if there's any burning questions we're in the

2:46:26 committee of the whole uh today where we're um considering an act approving the agreement between the government of the versions and the signal health and life insurance company for group medical health insurance the agreement between the government of the versions and signal health and life insurance company for group dental the agreement for group medical health insurance between the government of the Virgin Islands and United Healthcare Insurance Company and the agreement between the government of the Virgin Islands and the standard insurance company for group vision, the agreement for group life and accidental death and dismemberment insurance between the government of the Virgin Islands and the standard insurance company and the agreement for voluntary employee paid critical illness, accidental injury, and hospital care insurance between the Government of the Virgin Islands and Cigna Health and Life Insurance Company of North America. And at this time, if there's any burning questions, wrap-up questions, I'll allow it. None on this side.

2:47:26 Senator Fred Gregory, you'll recognize for two minutes. Thank you, Mr. Chair. Is there, I'm learning, I've learned from some of the retirees and I'm not certain if it's true, so I need to validate the information. Is it accurate that the retirees who are 65 and older who have relocated to the United States, they are able to receive a different card with different types of benefits? So that's not true. No. All retirees under the government plan has the same card. It's one card that covers the Medicare original benefits, the advantage, and the prescription.

2:48:08 Okay. All right. And I have one more question. Oh, what are we doing to get our doctors here in the territory to sign up for the United Healthcare Network? I think that remains a challenge. Beverly Joseph Ms. Butts so with the United Healthcare Medicare Advantage plan I just talk a little bit about our network it is a national PPO network one minute and with a national PPO network retirees have access to our network providers both here on island and stateside provide, but they also have access to outer network providers, and they can get the coverage for outer network providers is identical to in-network providers.

2:49:10 We're constantly working, of course, to recruit providers, but we do work with VI EquiCare, so that's the network that we work with, so really it would probably mostly be initiated through VI EquiCare. so so how how is that happening how are we how are we really what does that process look like to really drill down and have the discussions with those doctors that are not i'm sorry i understand all of what you said but those doctors that are not in the network as we speak because if you're out of network time i know that it's uh you get the benefits but you have to pay up front I'm sorry, Sherry Harmon-Butts, UnitedHealthcare. But even without a network provider, they should, as long as they are Medicare, as long as they accept Medicare and they're willing to accept the plan, and by willing to accept the plan that simply means that they'd file a claim for the member with UnitedHealthcare, the member should see no difference in their cost share.

2:50:19 I don't think you're answering my question and my time has been called. I'm just asking how are we, what efforts are we using or utilizing to get more doctors in network here in the US Virgin Islands? That's basically the question. Thank you. That's the question. That may be something I'd have to provide an answer from our network team.

2:50:49 I don't know what else they're doing to recruit providers. Yeah, I think that's a very critical question in terms of, you know, making sure that there are additional providers in there, because if you're on the network, that means it's hitting

you in your pocket. So if you could respond or provide some additional information on that, that would be helpful. Yes, I would like that Shari Harmon about United Healthcare. I will also add that providers, we do currently have 48 PCPs on island and 286 specialists on island, but I just want to reiterate that out of network benefits shouldn't be costing the members any more than their in-network benefits. As long as they're seeing Medicare providers and those providers are filing for the members, they shouldn't be paying any more out of network. It's the same cost share. consider what consider what would we consider a passive PPO plan so where you're out-of-network benefits actually mirror the in-network benefits and the retiree cost share is the same okay all right we'll get back to you on that we'll verify the information and get back to you and Senator Potter are you good you recognize for two minutes thank you very much mr. chair I just wanted to ask because I know historically utilization rates of the employee assistant program has been historically very low so I just wanted to get a sense as to whether or not those rates are increasing improving we our employees utilizing the program Beverly Joseph chair miss Daly I think the numbers Valerie Daly chief of group health insurance the numbers can be better we we really encourage our employees to utilize the program because you get five free benefits by free sessions I'm sorry but the numbers are still pretty low we would like to see an increase in the numbers senator so we we have webinars

2:52:54 EAP webinars through the division of personnel we try to encourage the agency to HR officers to encourage their employees to seek help when they need it through EAP and also as chair Joseph said it's not anyone living in that household so it's not not just for the employee but for everybody that's in that household and so I believe that we can see an improvement in our numbers absolutely it's a great program but having a great program that's not being utilized you really don't get the benefit of it so I encourage you to miss daily I know you do a good job of trying to promote and push but we're gonna all try to push a little more because we know that mental health is a very serious issue here in the Virgin Islands on the mainland it is I think the sergeant-general has declared a state of emergency and mental health so it is something that our employees will definitely benefit from but thank you very much for the time thank you very much Senator Potter how Senator Marie C James any you recognize with two minutes if you need it thank you thank you mr.

2:54:02 Chair, I actually, most of my questions were answered by subsequent interviewers, senators, but I wanted to ask UHC, there was a statement on saying that the management of the diseases seems to be really the thorn in our size, I think. And so I saw a line that said UHC will be engaging more with retirees, early identification of those with chronic conditions, provide personalized care and a digital health coach. That's with the post 65 retirees. And I wanted to find out exactly how were you going to do that or have you started at all? You may have answered this before, I don't know. Sherry Harmon-Butts, United Healthcare. So the question was around digital health coaching. Well, how really are you going to, there seems to be, I'll say a reluctance, I'll use that word, on our retirees to really participate, as my previous colleague said, under utilization of programs. And so I wanted to find out how are you going to, as stated here, engage more with retirees order for them to change their behavior so yes shari harman but to united healthcare we do incentivize retirees when it comes to wellness 30 seconds we have our member rewards program where we reward members for having just basic health screenings like colorectal cancer screenings annual mammograms their annual wellness visits certain immunizations they actually get rewarded for those services but we have a lot of other so i mentioned our house calls program it's another way that we identify if there's any gaps or health risks and you know work with the member that way maybe refer them to specific disease management programs from a house calls visit or maybe we're referring them to local resources because we see a lack in social needs in addition to that we've got the rally wellness program that even though it's an online wellness program but members can access our rally coaching program for support with a health coach telephonically or online they can also take part in a weight management program they can also take part in a tobacco cessation program we've got let me let me interrupt and

2:56:55 ask a quick question that I just thought of are you familiar with the mobile integrated healthcare programs that are done in the the United States where like community paramedicine programs where paramedics go out and treat patients in their homes would would that care be covered under um this plan i don't know specifically but if it is a medicare covered benefit then we'll cover it time okay thank you thank you uh thank you very much senator maurice c james next we'll recognize senator fonseca for is two minutes yes thank you very much mr chair you know i don't have a phd but i i i get a little bit of calculation ability so this contract that's here before us today ladies and gentlemen we're talking about the 35th legislature acting on in the session of course on a contract for 183 million dollars 183 million dollars and i did a little math um and i figure about 40 percent of it goes off island now nobody ain't tell me no information and i ain't revealing no confidential numbers but 43 40 is about 73 million so about 73 million dollars of this goes off island whoop so um just imagine um beverly we in the baseball park you know we in on first base we in second base but is that number in the ballpark that's 73 million beverly joseph chairperson senator fonseca i had a feeling that question would come up so i came prepared for it so depali can you please put on a record how much service is done

2:59:06 off island and the amount and what is done locally thank you thank you and beverly give me no information good morning depali sahi i'm gonna defer this question to my financial underwriter Mark Maynard, if that's okay. 30 seconds. Well, who won't answer the question? No. Oh, God. Good morning. Mark Maynard, Cigna Healthcare. I'm the financial underwriter in the case. Excuse me. So, in looking at the last 12 months, Senator, they had total claim, and I'm talking about the active employees and the retirees under 65. So they had total claims for the period 7-1-2022 through 6-30-2023. Can you speak in the mic please? Yes. Is that better?

3:00:00 Time. So for the period 7-1-2022 through 6-30-23, they had total paid claims on and off island of 118 million 492 891. Home run you see we even out at the ballpark total and then of that the um portion that is on island here at the usvi was 52.4 percent of that number are 62 million 121,340 so of that 118 million 56 million 345 172 were in the states usa and a small number 26 380 were in puerto rico does that answer your question uh thank you very much mr chair and um i i see we have a lot of work to do thank you mr chairman um thank you very much but i also think that that's um you know somewhat provided some perspective as well um because we're saying 62 million is spent um at the home front uh with 56 million is spent stateside and then 26 million is uh puerto rico yes sir 26,000 in Puerto Rico, 36,000, 26,000 in Puerto Rico.

3:01:26 Okay. I have 56 million at stateside. Yes, sir. 62 million on island. Yes. Just 52%. Very well. Thank you for that. Um, Senator Capehart, you recognize for your two minutes. Thank you, Mr. Chair. Uh, on page five of the testimony, Mr. Joseph it says in addition Cigna will continue to include and enhance the following in their contract bullet number three it says continuation of the two-fold time on-site customer service representative where can our retirees or active employees go on site to to visit a customer service representative Beverly Joseph chairperson for the GSC under Cigna on site representative one is located on st. Thomas at Nisky Center the other representative for Cigna is located at Sunny Isles in the Medical Center in St.

3:02:33 Croix for the United Healthcare on-site rep St. Croix is located at division of personnel in orange grove and the other one at st thomas is located at division of personnel at the grs building that is where you're gonna find both the on-site rep and the on-site nurse if they're not in the wow vans attending to our department okay great um i just wanted to give kudos to battle of the agencies and the uh bowling competition i think they've been well attended fun it even boosts staff morale so i just want to say um thank you for that great job that you guys do so thank you mr chair uh thank you very much senator cape art senator gettins you recognize for two minutes thank you uh mr chair and before miss sanchez or miss ahia gets bored over there I think I have a question for you guys. You guys represent Cigna, correct? Correct. I'm told that... Are you guys overseeing the Motivate Me program?

3:03:43 Yes, sir. So who just responded? Yes, sir. I did. Dipali Sahi. Sahi. So is this program offered to retirees under 65? Yes, it is, sir. It is? Yes. so then the reports that I'm getting is not accurate then because they're saying that retirees under 65 and not included in the motivate me benefit program sir I will actually take that because I have heard some conversations about that but what was can you speak a little more into the mic please yeah just Just pull the mic to you.

3:04:26 Pull it. Okay. Is this better? Yes. So during the open enrollment meetings that took place in August, the Motivate Me program, even though the active employees are taking the most amount of advantage for it, it is available to the retirees that are under 65 on the plan. I think between Cigna and the board and the division of personnel, we could do a better job in explaining that, but this was shared with the members at the Open Enrollment meeting. So the fact that you admit that you can do a better job at sharing this information, can I plead with you both to please do that?

3:05:06 Absolutely. Thank you so much, because I'm told that these individuals are also paying either the same premium or even higher. So they should, this benefit should be available to them as well. sure thank you so much miss thank you very much Senator Gittins Messiah can you elaborate a little bit again and motivate me for the benefit of those that's listening sure so this is an incentive based program that members are able to redeem awards once they are earned a biometric screening goal is required and if the member does not complete the goal they are not able to get the reward we do have reporting that tracks this so for the plan year October 1st 21 through September 30 at 22 because this is running on the plan year 3,105 biometrics were completed or in addition 3,000 preventive visits were completed and there's a list that I don't want to take up too much time but if you were interested I can provide the reporting per category of screening so that includes colon, cervical cancer, prostate, preventive dental, etc. And as Ms. Joseph mentioned for the upcoming plan year there are changes that are better in terms of incentives in the dollar amounts so currently the incentive maximum is 80 it will go up to 150 for the employee and the spouses will be able to collect 50 and then depending on each screening as they continue the amount has gone up so this was a collaboration with miss Joseph and

3:07:02 her team to prepare for the upcoming plan year well you could um provide a copy of that so I could circulate to all of my colleagues on it. Senator Joseph, you're recognized for your two minutes. Secretary Joseph. Thank you so much. I've already voiced my concern relative to persons who are single and head of the household not be included in the Motivate

Me program. I know that the board is going to take that under great consideration. Now I wanted to ask a question regarding fraud in the insurance. We have, at least I've had to interact with some of our retirees who have indicated that they would pay their copay and then they are still being billed by the provider for that amount or sometimes the coverage. Who or where can they go to resolve these issues Because, of course, they get their payment in the mail. And it shows that Cigna or UnitedHealth has paid. But they are still getting a pay invoice from the provider for those costs. Who can they go to to advocate for them so that they can get these issues addressed? If it's a member under the Cigna plan, they will go and visit the on-site rep, whether it be at Niski Centre or at Sunny Isles in the Island Medical Centre to bring in that claims and bring it to the attention. If it's a United Healthcare, they would visit whether Division of Personnel at Orange Grove and St. Croix or Division of Personnel in the GRS bundle. employees are there they will bring it to the attention of either carrier and they can also reach out to group health and bring it where the chief will bring it to the attention of the board so that we can advocate and work on it thank you

3:09:07 so much I appreciate that I don't have any further question mr. chairman thank you senator Joseph or senator Gittins you have a point of information I just need some clarity from Cigna again. Your response to me was for those individuals, the retirees under 65, correct? Correct, sir. OK.

3:09:32 Is there a contact number that those affected can call you? Because I'm receiving messages still from retirees saying that they have done their screening every year have not received any benefits. Excuse me? Senator Gittins, this is Melina Mayer with Cigna. I can't see you. I could hear someone, but I can't. Yeah, please turn on your camera. Melina. Let's talk about that. I had some connectivity issues. I work on the Cigna team and I am available to answer any questions about how to make me. I believe there was a little confusion, Senator Gittins. I want to clarify that Motivate.me is just for active employees that are on the GBI plan.

3:10:28 In 23, beginning October 1st of this year, spouses will be added to that, as Ms. Saeed explained. The confusion, I think, is that retirees have access to our coaches and the well-being on meals opportunity. So to clarify, motivate me is just for active employees that are on the GBI plan, apologies for the confusion. So there's no motivate me benefit program for retirees?

3:10:58 For retirees under 65, no. They have access to all the other wellness programs that are implemented by a division of personnel. They have access to our nurse coaches if they wanna coach with our coaches, whether it's for chronic conditions or lifestyle changes. biometrics but they do not have access to the incentive program to motivate me thank you for that clarification thank you mr chair very well thank you i think this runs out um the uh questions from my colleagues and i wanted to give um mr joseph an opportunity to close off but before i do that i wanted to actually miss joseph what about this agreement um that give you reason for concern um is there anything about it that been put together here and recommended that you have concerns about the current contract yes before you no i don't have any disagreements or concerns about it all right it's fully supported by you and as well supported by the gesc health insurance board very well thank you um you could go ahead and give your 30 seconds close out thank you to the members of the 35th legislature for your continued support thank you for division of personnel being our administrator on the plan and helping to promote especially our awesome wellness program miss lady shauna martin to my board members thank you for the hard work that we have put in my exceptional right hand the gearing group our consultant they are always on call to help us to make sure that we put forth the best plan for the members on this plan I just want to encourage all the retirees all of the active employees put your health first you're the one that matters you're the policyholder so all of your dependents if you're not here that insurance is going to be finished it's done you have to maintain your health do not take everything for granted it's a pain it's gas go and get tested you have an awesome plan utilize your benefits your eap is just not for mental health you have a financial question we do pet care elder care everything is under the eap utilize it tap into it all of your preventive services your breast cancer colonoscopy to dental cleaning it is all free that is offered here please go up and do the supplemental for your life insurance

3:13:36 You're at $10,000, you see the amount of people that's dying, it's expensive to bury your loved one. Get the resources in. We have advocated, we have put it in place for you because we value what you do every day coming out to work and doing this job. Utilize what is before you and afford it to you. To Cigna and UnitedHealthcare Standard, I say thank you for coming to the table and negotiating. to the governor thank you for your continued support and this body thank you to the members we did our best and you have gotten the best thank you very much I want to encourage some of the members as well is that there is up my signal that you could continue to track your information it has your prescription your vision all of your cares you'll be all that information is readily available at your fingertips and it's updated quite frequently so please access it and before you make that phone call just just check your app and all of the information should be there and available to you I want to thank each and every one of you for coming before this committee today certainly the government employees a service board a division of personnel the group health insurance and all signa say

hello to mr mike triplet for us as well um gering group um say hello hello to kurt for us and um you know keep doing what you're doing and we look forward to more even improved um agreement moving forward thank you very much and this concludes the committee of the whole for today please stand by public and we will be coming back at 1 p.m today for legislative session.

3:15:25 The committee of the whole is hereby adjourned. God bless. Thank you. Thank you. Thank you. Thank you. Thank you. We'll be right back. We'll be right back. We'll be right back. Thank you. Thank you. We'll be right back. Thank you. Thank you. Thank you. We'll be right back. Thank you. We'll be right back.

3:24:21 This is Explorations Thank you. Thank you. Thank you. Thank you. We'll see you next time. I'll see you next time. We'll be right back. We'll be right back. We'll be right back. Thank you. We'll be right back. We'll be right back. We'll be right back. We'll be right back.

3:31:51 Let's go. Let's go. We'll be right back. We'll be right back. We'll be right back. Thank you. Yeah, yeah, yeah. We'll be right back. We'll be right back. We'll be right back. We'll be right back. We'll be right back. We'll be right back. We'll be right back. We'll be right back.

3:39:21 Thank you.

People named in this transcript

SUSPECTED, and a finding aid only. Names were matched by machine against the spellings used across all 426 of our transcripts, and the title is the one used in the room. Being named here is NOT evidence that a person attended or spoke · only that the name was said. Speech recognition mishears names, so a spelling may be wrong even where no alternative is offered.

7x **Senator Kenneth L. Gittens**
heard in this transcript as: Gittins

7x **Senator Ray Fonseca**
heard in this transcript as: Fonseca

6x **Senator Diane T. Capeheart**
heard in this transcript as: Capehart, Diane T. Capehart

5x **Senator Alma Francis-Heyliger**
heard in this transcript as: Alma Francis Heiliger, Alma-Francis Heiliger, Francis Heiliger

5x **Senator Carla Joseph**
the surname alone also matches: Clifford Joseph; Karla J. Joseph
heard in this transcript as: Joseph

5x **Senator Fred Gregory**
the surname alone also matches: Donna A. Frett-Gregory; Donna Frett-Gregory

5x **Senator Milton E. Potter**
heard in this transcript as: Potter

4x **Senator Angel L. Bolques, Jr.**
heard in this transcript as: Angel Bulquez, Angel L. Bolques Jr., Angel L. Bolquez Jr., Bolquez Jr.

4x **Senator Marvin Blyden**
heard in this transcript as: Blyden, Marvin A. Blyden

4x **Senator Samuel Carrion**
heard in this transcript as: Carrion, Samuel Carriong

3x **Senator Dwayne DeGraff**
heard in this transcript as: DeGraff, Dwayne M. DeGraff

3x **Senator Marise C. James**
the surname alone also matches: Javan James; Giovanni James Sr
heard in this transcript as: James Sr, Maurice James

3x **Senator Novelle Francis**
heard in this transcript as: Francis Jr, Novell E. Francis Jr

2x **Senator Angel L. Bocas Jr**
heard in this transcript as: Angel Bocas Jr.

2x **Senator Beverly Joseph**
the surname alone also matches: Carla Joseph; Clifford Joseph

2x **Senator Diane T. K. Park**
heard in this transcript as: Dianne T. K. Part

2x **Senator Francis Heidegger**

2x **Senator Frank Gregory**
the surname alone also matches: Donna A. Frett-Gregory; Donna Frett-Gregory

2x **Senator Franklin D. Johnson**

2x **Senator Javan James**
heard in this transcript as: Javon James

1x **Senator Donna A. Frett-Gregory**
heard in this transcript as: Donna A. Fred Gregory

1x **Senator Donna Frett-Gregory**
heard in this transcript as: Donna A. Frett-Gregory

Bills and acts referred to

Matched by number against our own acts corpus. The number is what the recognition heard, so it may be wrong; where it resolved, the title is the one the Legislature gave the act.

Bill 35-0140	Act 8771 · An Act approving the Agreement between the Government of the Virgin Islands and Cigna Health and Life Insurance Company for Group Medical Health Insurance; the Agreement between the Government of the Virgin Islands and Cigna Health and Life Insurance Company for Group Dental Insurance; the Agreement for Group Medical Health Insurance between the Government of the Virgin Islands and United Healthcare Insurance Company; the Agreement between the Government of the Virgin Islands and Standard Insurance Company for Group Vision Insurance; the Agreement for Group Life and Accidental Death and Dismemberment Insurance between the Government of the Virgin Islands and Standard Insurance Company; and t
Act 7023	Act 7023 · An Act ratifying the Second Renewal of the Group Medical Health Insurance Agreement between the Government of the Virgin Islands through the Health Insurance Board of Trustees, the Virgin Islands Port Authority, the University of the Virgin Islands, the St. Thomas East End Medical Center Corporation and the Frederiksted Health Care, Inc., and Connecticut General Life Insurance Company ---0
Act 8771	Act 8771 · An Act approving the Agreement between the Government of the Virgin Islands and Cigna Health and Life Insurance Company for Group Medical Health Insurance; the Agreement between the Government of the Virgin Islands and Cigna Health and Life Insurance Company for Group Dental Insurance; the Agreement for Group Medical Health Insurance between the Government of the Virgin Islands and United Healthcare Insurance Company; the Agreement between the Government of the Virgin Islands and Standard Insurance Company for Group Vision Insurance; the Agreement for Group Life and Accidental Death and Dismemberment Insurance between the Government of the Virgin Islands and Standard Insurance Company; and t