



Greater Tompkins County Municipal Health Insurance Consortium

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"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."

Approved

Board of Directors

May 25, 2017 – 6:00 p.m.

Tompkins County Health Department – Rice Conference Room

Municipal Representatives: 17

Steve Thayer, City of Ithaca
Mack Cook, City of Cortland
John Fracchia, Town of Caroline
Kathrin Servoss, Town of Dryden
Gary Hatfield, Town of Moravia
Don Scheffler, Town of Groton
Judy Drake, Town of Ithaca
Charmagne Rungay, Town of Lansing
Eric Snow, Town of Virgil

Michael Murphy, Village of Dryden
Laura Shawley, Town of Danby (arrived at 6:08 p.m.)
Gary Mutchler, Town of Scipio
Tom Brown, Town of Truxton (arrived at 6:38 p.m.)
Richard Goldman, Town of Ulysses
Betty Conger, Village of Groton
Rordan Hart, Village of Trumansburg
Jim Doring, Town of Preble

Labor Representatives: 3

Olivia Hersey, 1st Labor Representative and Joint Committee on Plan Structure & Design Chair
Jim Bower, 2nd Labor Representative

Tim Farrell, 5th Labor Representative

Excused: 6

Amy Guerri, Tompkins County
Alex Patterson, Town of Aurelius
David Schenck, Town of Springport

Alvin Doty, Town of Willet
Peter Salton, Village of Cayuga Heights
Bud Shattuck, Village of Union Springs

Absent: 4

Tom Adams, Town of Marathon
Herb Masser, Town of Enfield

Doug Perine, 4th Labor Representative
Luann King, Town of Cincinnatus

Vacant: 3

Town of Montezuma
Village of Homer

3rd Labor Representative

Others in attendance:

Don Barber, Executive Director
Steve Locey, Locey & Cahill
Rick Snyder, Treasurer
Meghan Feeley, ProAct

Josh Allen, ProAct
Beth Miller, Matt Losty, Excellus
Jerry Mikelson, Mimi Theusen, Insero & Co.
Kevin Williams, Village of Homer

Call to Order

Ms. Drake, Chair, called the meeting to order at 6:04 p.m.

Approval of Minutes of March 23, 2017

It was MOVED by Mr. Hatfield, seconded by Mr. Fracchia, and unanimously adopted by voice vote by members present, to approve the minutes of March 23, 2017 as submitted. MINUTES APPROVED.

Changes to the Agenda

There were no changes to the agenda.

Chair's Report

Ms. Drake spoke of events that have taken place since the Board met last and said Mr. Barber will talk about them during his report. She stated after the appointment this evening there will be one remaining vacancy on the Audit and Finance Committee and encouraged Directors to consider serving.

MOTION NO. 004-2017 – APPOINTMENT TO AUDIT AND FINANCE COMMITTEE MEMBERSHIP

MOVED by Ms. Drake, seconded by Mr. Murphy, and unanimously adopted by voice vote by members present, to appoint the following Directors to the Audit and Finance Committee:

Olivia Hersey – Labor representative; term expires December 31, 2017

Mrs. Shawley arrived at this time.

Report from the Audit and Finance Committee

Mr. Thayer, Chair, introduced Jerry Mikelson and Mimi Theusen of Insero & Co. Mr. Mikelson distributed copies of the Consortium's 2016 Independent Audit. Attached to the audit was a copy of the "Management Comment Letter" and the "Communication with Those Charged with Governance at the Conclusion of the Audit".

Mr. Mikelson said the most significant estimate within the financials is the Incurred But Not Reported Claims Liability which increased by \$800,000 during the year. It is based on a comprehensive review of claims and process and is hinged upon the statutory requirement of 12% of the prior period claims being paid out as a benchmark for the aggregate claims liability which is higher than the actual liability. He stated there were no difficulties in the audit process and no items that need to be communicated to the Board. He referred to the Management Comment letter and reported they did not identify any deficiencies in internal control that they would consider to be material weaknesses and the Consortium's financial statements presented fairly. He reported the Audit and Finance Committee reviewed the audit, asked questions, and made minor wording changes to the notes to the financial statements.

Ms. Theusen thanked Mr. Snyder and his staff for assistance with the audit. She explained the process involves assessing the risk. They look at policies and procedures, assess internal controls and determine whether policies and procedures are adequate. They also do "walk-throughs" to ensure policies are being followed, send out confirmations to municipalities to confirm premiums, and look at expenses, underlying documentation, calculation of reserves, and balance sheets. They also do a lot of work to make sure the Jurat and the financial statements match.

Board of Directors
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Ms. Theusen said everyone is very cooperative and having information available on the website is very helpful. Mr. Mikelson also thanked Mr. Locey for his assistance.

Mr. Mikelson said Directors can be assured that the Consortium's fiscal affairs are well documented and accounted for and the Consortium's financial position as of December 31, 2016 was very positive. Ms. Theusen strongly recommended that Directors read the Future Factors Going Forward contained in the Management Discussion and Analysis section of the report.

RESOLUTION NO. 006 - 2017 - ACCEPTANCE OF EXTERNAL AUDIT REPORT PERFORMED BY INSERO & CO. (CDLM)

MOVED by Mr. Thayer, seconded by Mrs. Shawley, and unanimously adopted by voice vote by members present.

WHEREAS, the Board of Directors entered into a contract for auditing services with Insero & Co. (CDLM), for the purpose of conducting an external audit of the Consortium's financial records for fiscal year 2016, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the 2016 external audit report prepared and presented to the Board of Directors by Insero & Co. (CDLM) is hereby accepted.

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RESOLUTION NO. 007 - 2017 - AUTHORIZING CONTRACT FOR PRESCRIPTION DRUG CLAIMS AUDIT

MOVED by Mr. Thayer, seconded by Mr. Murphy, and unanimously adopted by voice vote by members present.

WHEREAS, the Consortium has determined there is value in conducting periodic medical and prescription drug claims audits, and

WHEREAS, the Consortium's has developed a pattern of conducting these claims audits on alternate years for medical one year and then pharmaceutical claims the next and

WHEREAS, the Consortium is now prepared to undertake a prescription drug claims audit as part of its fiduciary responsibility to ensure claims paid by ProAct are in accordance with the benefit plan documents, Federal and State Laws, Rules, and Regulations, and industry standard practices for the years 2015 and 2016, and

WHEREAS, in anticipation of initiating a prescription drug claims audit the Audit and Finance Committee has negotiated a contract proposal with BMI Audit Services, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Consortium hereby engages the firm of BMI to perform an audit of the Consortium's prescription drug claims for an amount not to exceed \$32,625.

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RESOLUTION NO. 008 - 2017 - PROVIDE AUDIT AND FINANCE COMMITTEE THE AUTHORITY TO APPROVE THE ANNUAL INDEPENDENT FINANCIAL AUDIT

MOVED by Mr. Thayer, seconded by Mr. Mutchler. Mr. Thayer said this resolution is being proposed as the result of a timing issue in getting the audit to the Department of Financial Services by its deadline. The resolution was unanimously adopted by voice vote by members present.

WHEREAS Section 4710(a)(2) of the New York Insurance Law requires the annual independent financial audit statement to be filed not later than 120 days after the close of the plan year (April 30th), and

WHEREAS, the Consortium Board of Directors meetings are not scheduled in April while an Audit and Finance Committee meeting is scheduled for late April, and

WHEREAS, the Municipal Cooperative Agreement, at Section "O" provides that the reporting the various statutory reports must be accomplished by the Board "through its officers, agents, or delegates. . ." and § 4710 of the Insurance Law does not prohibit the Board to delegate this responsibility to the Audit and Finance Committee on its behalf, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the GTCMHIC Board of Directors hereby delegates the authority to approve the Annual Independent Financial Audit to the Audit and Finance Committee. The approved Independent Financial Audit will be reported to the Board of Directors at their next scheduled meeting.

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Committee Report

Mr. Thayer reported the main focus of the Committee over the next few months will be on the 2018 budget and reconciling the medical claims audit. The Committee also approved an invoice payment procedure.

Report from the Executive Committee

Ms. Drake, Chair, reported at the its last meeting the Committee discussed outstanding items in the medical claims audit and the Department of Financial Services audit. The Committee also discussed exploring the Consortium's governance structure as it is now has 28 member municipalities and is growing. It was suggested that a subcommittee be established that would look at this in detail. The subcommittee would include individuals with viewpoints outside of the Board of Directors. Those individuals are Kevin Levine, Assistant Attorney; and Paula Younger, Deputy County Administrator. In addition to those who have already volunteered she said they would like to have two additional Directors and a labor representative.

Mr. Barber said Article 47 provides specific direction about how the Consortium can be structured but within that it is not as explicit as the Consortium's current Municipal Cooperative Agreement which was created when the Consortium was looking at a maximum of 17 members from within Tompkins County. Currently there are 14 member municipalities within Tompkins County and 14 member municipalities outside of Tompkins County. He said the Committee would be reviewing Article 47 to learn the limits of the statute and looking at governance models of other similar type groups. He said the current MCA has a weighted voting option for the larger employers and labor has a mandated role and these things also need to be considered. Any recommendation would need to go back to each of the municipal partners for approval and then to the Department of Financial Services. Mr. Goldman, Mr. Fracchia, and Ms. Hersey volunteered to serve. Ms. Drake noted that there isn't a limit to the size of this subcommittee and others are welcome to serve.

RESOLUTION NO. 009-2017 - CREATION OF SUBCOMMITTEE TO INVESTIGATE ALTERNATIVE MODELS FOR GTCMHIC GOVERNANCE STRUCTURE

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MOVED by Mr. Hatfield, seconded by Mr. Farrell, and unanimously adopted by voice vote by members present.

WHEREAS, NYS Insurance Law Section 4705(a)(8) requires the Cooperative to “establish a governing board to be responsible for the management, control and administration of the municipal cooperative health benefit plan...”, and

WHEREAS, NYS Insurance Law Section 4705(c)(1) requires the MCA to include provisions “describing the composition, number, and procedure under which governing board members are chosen...”, and

WHEREAS, the Executive Committee recommends that a subcommittee be formed to explore alternatives to governance structure of the GTCMHIC, and

WHEREAS, any proposed changes recommended by this subcommittee would require approval by all municipal partners and the Department of Financial Services as stated in NYS Insurance Law Section 4705 (a), now therefore be it

RESOLVED, on recommendation of the Executive Committee, That the GTCMHIC Board of Directors hereby creates the Consortium Governance Review Committee charged with investigating alternative governance models for GTCMHIC and providing the Board of Directors any recommendations and a summary report on their work,

RESOLVED, further, That the GTCMHIC Board of Directors hereby appoints the following persons to serve on the Consortium Governance Review Committee: Kevin Levine (City of Ithaca), Paula Younger (Tompkins County), Director Mack Cook, Director Bud Shattuck, Board Chair Judy Drake, John Fracchia, Richard Goldman, and Olivia Hersey.

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Mr. Brown arrived at this time.

Report from the Owing Your Own Health Committee

RESOLUTION NO. 010-2017 – ADOPTION OF HEALTHY MEETING GUIDELINES

MOVED by Mrs. Shawley, seconded by Ms. Servoss.

Ms. Drake asked if Directors were comfortable setting this kind of guideline and said the idea is that it will hopefully come back to member municipalities as a way of encouraging wellness during meetings. Mrs. Shawley said she thinks this is a good thing as it sets a good example and is what the Consortium is about.

The resolution was unanimously adopted by voice vote by members present.

RESOLVED, That the Owing Your Own Health Committee recommends that the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors adopts the following commitment and guidelines for healthy meetings:

Commitment:

We are committed to supporting good health for our volunteer leadership and employees, and to modeling a healthy lifestyle.

Guidelines

Physical Activity: At meetings or events lasting longer than 60 minutes, we will encourage employees to take care of their comfort needs, and we will schedule regular intervals for attendees to stand, stretch, and refocus.

Healthy Diet: At meetings or events where food will be served, we understand the value of providing healthy choices, and accommodating common preferences. This may include a selection such as fruits and vegetables, vegetarian options and drinking water.

We also understand that attendees may have dietary restrictions, and that reasonable food choices to accommodate those with certain food allergies should be made available.

We urge everyone to practice, support, and encourage all steps that make the healthy choice the easiest choice.

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Mr. Barber, Executive Director, reported the Committee is always considering marketing and how the Consortium is being received and perceived by subscribers. During discussion of the CanaRx and how to communicate with members the Committee raised topics of communication techniques and the Consortium's website. He said the Consortium's current website is tied to Tompkins County and it is likely by the end of the year that the number of member municipalities outside of Tompkins County will be greater than the number of those within the County. He said a possibility exists to redesign the webpage by working with E-gov, the company that hosts the County's website, to allow the incorporation of the Consortium's logo and set up in a way that would make it more user and mobile friendly. For \$750 E-gov can develop an exclusive background for the Consortium's primary and secondary pages, develop a navigation scheme and style sheets, and the changes can be applied to all of the current website content. He said there has also been discussion of having a new domain name and it is possible to purchase a domain name for approximately \$12 with an annual cost of \$25. The Committee has also been discussing creating videos as a way for people to learn about things such as CanaRx, how to use the website, flu clinics, or Blue4You.

Mr. Barber asked Directors what role they would like the Board to have in the approval process for money and content. In response to a question about the cost of hosting the website Mr. Barber responded the website would remain under the County's host contract and there would be no additional fee to the Consortium. Ms. Pottorff said there would be no change in the Consortium's ability to maintain information on the site. Mr. Barber noted there are no Directors on the Committee and asked for guidance on how decisions would be made relating to the website design and video content. The Committee meets the fourth Wednesday of each month at 3:30 p.m. Mr. Fracchia said his schedule would not allow him to meet at this time but offered to provide assistance.

Mr. Barber said Excellus made him aware that there is a national goal to get colorectal screening at 80% of any group by 2018 and for 2016 the Consortium's utilization rate was 60% so there is work to do to raise this figure. The Committee discussed this and is trying to figure how this would fit in with marketing. He encouraged Directors to let people know that this is part of prevention and without having a screening there could be much higher costs later.

Ms. Servoss, Mr. Brown, and Mr. Fracchia offered assistance with the website.

Excellus Utilization Report

Ms. Miller introduced Matt Losty, Clinical Integration Consultant for Excellus. She said copies of the full report were provided to the Joint Committee on Plan Structure and Design earlier this month and it is posted on the Consortium's website.

Mr. Losty distributed information based on claims incurred in 2016 and paid through March 31, 2017 and reviewed the following highlights:

Financial Measures

- The plan experienced a 40-member increase in membership from 2015; Approximately 115 members were added on January 1, 2017 for a total of more than 5,200 members;
- Plan cost in 2016 was \$23,937,884 – an increase of 14% (\$2,000,000) compared to 2015;
- Plan cost per member per month was \$394 – 13% increase from 2015;
- The plan cost per contract per year was 18% higher than the municipality comparison population. Higher average age and lower member cost share are two differences between the Consortium and the 120,000-member comparison;
- Over the past five years, medical plan cost per member increased approximately 4% per year, which is below healthcare trends of 7%-8% annually;

Plan Cost Distribution and High Cost Claimants

- 90% of the membership accessed care in 2016, versus the comparison of 4%;
- 80% of the plan cost was driven by 21% of membership (These members had claims over \$4,500);
- There were 25 claimants over \$100,000 in 2016, compared to 17 claimants in 2015. Average plan cost per claimant over \$100,000 was 2% more than in 2015: \$166,159;
- The number of claimants over \$150,000 has fluctuated from 10 in 2014, down to 6 in 2015, and back up to 10 in 2016. Four of these members are expected to continue, and five members are no longer on the plan.

Utilization

- Inpatient admissions and claims increased substantially, with 58 more admissions than in 2015 (374 total admits);
- Average length of hospital stay decreased from 6.1 days to 4.8 days;
- Outpatient claims also increased, and they represent 43% of overall costs. Outpatient surgeries, radiology and outpatient administered drugs were the top outpatient services in 2015;
- There were 2, 127 individuals who received an annual routine physical – 42% of members
- Musculoskeletal, neoplasms (cancer cases), and Circulatory related cases accounted for half of the claim cost in 2016;
- Member cost share is much lower than the comparison (4% vs. comparison of 7%). Increased member cost share, such as the Metal-Level plans, will reduce future plan costs. Over 400 members are currently enrolled in these plans.

Mr. Brown asked if there is information on averages for high claims for members per plan. Mr. Barber said the Audit and Finance Committee receives a large loss report which breaks down these claims and will see that Mr. Brown receives this information. Mr. Brown said he is interested in also seeing a subset of the information based on dermatology-related costs of members. Mr. Losty offered to look into this.

ProAct Utilization Report

Ms. Feeley reported there was a plan spend increase from 2015 to 2016 of \$2.1 million of which a large portion was related to specialty medications with \$.5 million for Harvoni, a temporary

treatment for Hepatitis that was utilized by six members. She said if no additional members take this drug in 2017 the plan should see a cost decrease. There was an increase in generic utilization of 1% and one area that could be focused on next year for improvement is mail order utilization as there is a very low population using this. Ms. Feeley said beginning July 1st CanaRx will be available to all Consortium members and this should result in decreased costs.

Report from the Executive Director

Mr. Barber reported on the retreat that was held on May 10th and said there were a lot of great questions asked and it was very engaging. Ms. Drake said she appreciated having Dr. Stallone from CAP (Cayuga Area Plan) attend and provide details on the relationship of CAP, Cayuga Medical Center, and Excellus and encouraged Directors to view the presentation that is posted on the Consortium's website. Mr. Barber commented that a clinical pharmacist from ProAct also attended and provided useful information.

Mr. Barber reported CAP also held an educational forum that he and Ms. Drake attended. They forum provided information about how physicians are working together to try to manage costs for the entire population and for each patient. He, Ms. Drake, and Mr. Cook also attended the annual Excellus Public Sector Forum where there was a good overview of the Affordable Care Act and the American Health Act and impacts on health insurance and municipal risk pools, changes to the website, and Telemedicine.

Mr. Barber reported he has not heard from the Department of Financial Services (DFS) on the audit since March and continues to wait on a draft report that the Consortium can comment on. Information was received from DFS concerning cybersecurity. After a review by he and Mr. Locey the Department was provided with a report and an explanation as to why the Consortium should be exempt from a large portion of the requirements and has not received a response to date.

Mr. Barber spoke of difficulties that were encountered during the rollout in January and reported the enrollment timeline included in the agenda packet was put together to prevent problems in the future. He said there is an enormous amount of work that needs to take place at Excellus and ProAct and now any benefit plan changes or adding any new municipal members in the future will need to be done by October 1st. This will not affect the open enrollment process that takes place in November. Mr. Fracchia suggested aligning the cut-off date with the Board of Directors meeting schedule.

Directors were provided a copy of a letter sent to all subscribers making them aware of CanaRx and during the first week of June ProAct will be sending a letter to all subscribers who are taking a medication that would qualify under the CanaRx formulary notifying them that they qualify and how to enroll in the program. Mr. Barber reported on the medical claims audit and said there were nine areas that needed work; five of those have been resolved with less than a total impact of \$1,000. One item remains unresolved and three of the items will require action by the Board of Directors at its July meeting.

Consultant's Report

Mr. Locey distributed financial results as of April 30, 2017 and said the Consortium is 2% over budget on revenue due to an increase in premium revenue and Stop Loss reimbursement. The Consortium is well below budget on claims with \$8.4 million in medical claims, compared to the budgeted amount of \$9.1 million; expenses on the prescription drugs are \$3.56 million compared to the budgeted amount of \$4 million. He called attention to the internal coordination on support and said an error was made in the budget and with the corrected amount it is on

budget. Mr. Locey said as of April 30th the Consortium has a net income of \$1 million although there is a slight lag with the new municipalities coming in January 1st. Although it is still early in the year he is hopeful the Board can approve a budget containing a rate increase for 2018 of less than 7% which was originally projected. Mr. Locey reported the Consortium is paying out slightly over \$.93 of each dollar to pay for the benefits of members, less than \$.03 is going to pay for admin. fees of both Excellus and ProAct, 2% is going to pay for Stop Loss insurance, taxes and fees represent less than 1%, and 1% is going to pay for internal coordination fees and professional services.

Mr. Locey called attention to 2015 claims being significantly lower than expected and although there appears to be a high increase in expense in 2016 the budget is on target with where it was originally expected back to be at this time. He said a great benefit to being in the Consortium is that when there are good years the money can be put away and used to mitigate future increases, whereas in a fully-insured environment that money would stay with the insurance company. He said preliminary budget information will be presented at the next Audit and Finance Committee meeting.

Mr. Mutchler called attention to medical administration fees being 4% over budget and asked if there was an explanation. Mr. Locey said 2% of that increase is attributed to the increased number of contracts; there are also some other unpredictable fees such as when someone goes out of the area. He will look into this and provide further information.

Mr. Locey said he traveled to Albany yesterday to talk about community rating law and how it impacts municipalities. Although it doesn't impact the Consortium currently, if there can be some relief for municipalities there can be options in the future other than Article 47. He said at the time the Consortium was formed Article 47 was the only to include employers with less than 50 employees. He said the State did a study in 2011 on the community rating pool and said the net effect would be negligible if municipalities were exempt from the law so they will be pushing for that and will report back as progress is made.

Report from the Joint Committee on Plan Structure and Design

Ms. Hersey, Chair, reported at the last meeting the Committee received a financial report from Mr. Locey and had an update from Mr. Barber on CanaRx. The Committee had an in-depth review of the Excellus Utilization Report and also held the election for Chair. The Committee continues to seek a 3rd Labor representative and alternate Director to the Board. The next meeting will be June 1st.

New Business

There was no new business.

Adjournment

The meeting adjourned at 7:25 p.m.