

408 East Upland Road, Suite 2 • Ithaca, New York 14850 • (607)274-5590 healthconsortium.net • consortium@tompkins-co.org

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

## Executive Committee - Agenda February 21, 2024 – 3:30 P.M. GTCMHIC Conference Room- 408 East Upland Road, Suite 2, Ithaca, NY

- 1) Call to Order (3:30) Changes to the Agenda 3) Approval of Minutes: December 13, 2023 4) Chair's Report (3:35) R. Hart 5) Executive Director's Report (3:45) E. Dowd a. Executive Director Report b. Strategic Plan i. Review Strategic Plan Initiatives ii. Review 4-Tier Implementation Plan c. Meeting Date Revisions d. Budget Review e. Open House 6) Committee Reports/Resolutions: (4:30) **Executive Committee** R. Hart a. **Resolution: Amendment to Contraceptive Supply Limits** b. Nominations and Engagement G. Mutchler **Claims and Appeals** B. Shattuck C. d. Audit and Finance J. Drake First Audit Committee meeting February 27, 3:00 PM Policy Approvals at Upcoming Finance Meeting Operations L. Granger e. Resolution: Amendment to Resolution No. 031-2023 – Creation of 2024 **Committee Structure and Appointments of Committee Members** Resolution: Dissolution of the "Owning Your Own Health Committee" for the **Greater Tompkins County Municipal Health Insurance Consortium** Joint Committee on Plan Structure and Design K. DeVoe f. Meeting 5/2/24 - Utilization Review
- 7) Future Agenda Topics: (4:55)
- 8) Adjournment (5:00)

#### Greater Tompkins County Municipal Health Insurance Consortium Executive Committee Minutes – DRAFT December 13, 2023 – 3:30 p.m. GTCMHIC Headquarters – 408 East Upland Road, Ithaca, NY

Present:	Judy Drake; Steve Thayer; Rordan Hart (Chair); Gary Mutchler;
	Eric Snow; Bud Shattuck; Lisa Henty; Peter Salton; Lisa Holmes
Present via remote*	Ed Fairbrother (excused 4:10p); Kate DeVoe (excused 5:25p)
Excused:	Laura Granger; Ray Bunce
Guests:	Steve Locey, Paul Pelton, Rob Spenard, Locey & Cahill
Staff:	Elin Dowd, Executive Director; Lynne Sheldon, Clerk of the Board; Kylie
	Rodrigues, Benefits Specialist, Teri Apalovich, Finance Manager

\* - attended remotely due to extraordinary circumstances or held public satellite location

#### Call to Order

Mr. Hart, Chair, called the meeting to order at 3:31 p.m.

#### Changes to the Agenda

There were no changes to the agenda.

#### Approval of Minutes of October 18, 2023

It was MOVED by Mr. Mutchler, seconded by Mr. Shattuck, and unanimously adopted by voice vote by members present and via remotely, to approve the minutes of October 18, 2023. MINUTES APPROVED.

#### <u>Chair's Report</u> Special Recognition

Mr. Hart presented two resolutions of special recognition for Ed Fairbrother and Eric Snow, both who are retiring at the end of this year. Mr. Hart thanked them both for their distinguished service on behalf of the Consortium.

#### RESOLUTION NO. 037-2023 - RESOLUTION OF APPRECIATION OF ED FAIRBROTHER'S DEDICATED YEARS OF SERVICE TO THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

MOVED by Mr. Hart, seconded by Mr. Mutchler, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium would like to show appreciation to Ed Fairbrother and honor him for his distinguished service on behalf of Consortium that spans over five years of dedicated service, and

WHEREAS, Ed has provided both the Nomination & Engagement Committee years of service actively recruiting new members as well as serving on the Executive Committee for the Consortium, and

WHEREAS , the Consortium wishes Ed much happiness as he steps down and finds time to explore other experiences down in the southern states that bring him joy with his friends and family, now therefore be it

RESOLVED, That the Board of Directors, staff, consultants, advisors, and associates, acknowledge the retirement of Ed Fairbrother and are appreciative for his many devoted and exemplary years of service, and

RESOLVED, further, That on this 13<sup>th</sup> day of December 2023, the Executive Committee expresses its sincere gratitude to Ed Fairbrother for his distinguished and dedicated service to the Greater Tompkins County Municipal Health Insurance Consortium.

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#### RESOLUTION NO. 038-2023 - RESOLUTION OF APPRECIATION OF ERIC L. SNOW'S DEDICATED YEARS OF SERVICE TO THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

MOVED by Mr. Hart, seconded by Mr. Shattuck, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium would like to show appreciation to Eric L. Snow and honor him for his distinguished service on behalf of Consortium that spans over seven years of dedicated service, and

WHEREAS, Eric has provided the Audit and Finance Committees years of service as well as serving on ad hoc committees related to governance changes and most recently on the Executive Committee for the Consortium, and

WHEREAS , the Consortium wishes Eric much happiness as he steps down and finds time to explore other experiences that bring him joy with his friends and family, now therefore be it

RESOLVED, That the Board of Directors, staff, consultants, advisors, and associates, acknowledge the retirement of Eric Snow and are appreciative for his many devoted and exemplary years of service, and

RESOLVED, further, That on this 13<sup>th</sup> day of December 2023, the Executive Committee expresses its sincere gratitude to Eric L. Snow for his distinguished and dedicated service to the Greater Tompkins County Municipal Health Insurance Consortium.

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Executive Committee December 13, 2023

#### **Discussion Regarding Access To Care**

The Committee discussed that Excellus performs many functions for the Consortium and its enrolled members. These services include, but are not limited to, membership and enrollment, claims adjudication, customer service, provider network management, and disease/care management. Specific to provider network management, the Consortium relies upon Excellus and the other BlueCross BlueShield Plans across the country to negotiate reasonable rates of reimbursement with qualified medical care providers and facilities. This process can be contentious at times when the medical care provider or facility and Excellus, including other BlueCross BlueShield Plans, do not see "eye-to-eye" on price or other terms and conditions of their agreement.

It was further discussed that there is a very delicate balance that Excellus and the other BlueCross BlueShield Plans need to achieve between ensuring members have access to necessary care, reimbursement rates are reasonable and appropriate, and medical care providers maintain a high standard of care. These factors almost guarantee the situation where not all medical care providers and facilities will always be included in the national BlueCross BlueShield Network.

To protect covered members, the Consortium's benefit plans all offer covered members the freedom to choose any medical care provider or facility for medically appropriate care and treatment regardless of network affiliation.

As a plan of action, the Committee will continue to monitor Excellus' provider network to ensure it is meeting the needs of the Consortium and its covered members. This will include forwarding concerns directly to the Consortium's account manager with Excellus.

#### **Executive Director's Report**

Ms. Dowd referenced her Executive Director written report for December 2023.

Ms. Dowd thanked the Consortium's Finance Manager, Ms. Apalovich, who has been the manager assigned to Consortium's move, and build out of the new office. Ms. Dowd also thanked Committee members for attending the first held committee meeting at the new office headquarters.

Ms. Dowd also voiced that Consortium staff will be working on Strategic planning for the 2024 and plus years. She said once staff has an outline of the planning process, the outline will be shared with the Committee. She will also be sharing an email with Committee members to ask for their ideas for planning as well.

Ms. Dowd said the Pharmacy Benefit Manager (PBM) transition from ProAct to Excellus BCBS will happen on January 1, 2024. She added that all new ID cards should be received by all members by the 25<sup>th</sup> of December, and any letters regarding changes to tiers of medications have been mailed out this week.

Ms. Dowd noted that the Consortium had their first preliminary exit interview with the NYS Department of Financial Services (DFS), who expressed 11 recommendations (of which some

have already been implemented) to the Consortium, including, new cyber security rules and regulations, separating the audit and finance committees, attendance by board members and labor representatives, and three items very specific to Excellus. Ms. Dowd said that this first interview isn't final, and the Consortium will receive an exit letter sometime in early 2024, of which the Consortium will respond to, and a final letter will come from DFS along with a confirmation meeting.

#### Committee Resolutions Executive Committee

Ms. Dowd explained that as the Consortium grows and looking at possible changes to the governance of the organization, the need for additional local attorney resources with municipal experience will be valuable.

#### RESOLUTION NO. 039-2023 – AUTHORIZATION TO SIGN ENGAGEMENT LETTER WITH GUY KROGH, ESQ., THALER AND THALER P.C., FOR PROFESSIONAL ADVICE AND SERVICES

MOVED by Ms. Drake, seconded by Mr. Salton, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is in search of retaining additional resources for professional advice and services for its general legal needs, usually on a project-based basis, mainly relating to New York State administrative and municipal issues that necessarily arise given the needed interface with NYSDFS; and

WHEREAS, the Executive Director has interviewed Guy Krogh at the recommendation of Board of Director members as a qualified resource specific to municipal law and knowledge of the needs of our members and the background on our organization; and

WHEREAS, the Executive Director has collectively determined Guy Krogh to be a qualified candidate to advise the GTCMHIC when needed; and

WHEREAS, such appointment being further upon those terms as set forth in the proposed terms which will be based upon the municipal rate applied to municipalities generally employing the firm, now therefore be it

RESOLVED, that the Executive Committee, on behalf of the Board of Directors, directs the Executive Director to sign the letter of engagement to retain Guy Krogh for professional advice and services.

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#### Premium Rate Analysis

Mr. Locey presented the contents of a 30-page Premium Rate Analysis report to the Committee. During the last Committee meeting Ms. Drake and Mr. Hart clarified that Locey & Cahill's further analysis should be focused on the metal level plans and compare their recommendation with side by side, hypothetical 4-tier plan with Excellus BCBS rates. The Committee will commence after the report from Locey & Cahill has been completed in full.

#### Nominations and Engagement

Mr. Fairbrother did not have any updates to report. **Claims and Appeals** 

Mr. Shattuck did not have any updates to report.

Mr. Hart, Chair, stated the following Resolutions for the Finance, Operations, and Joint Committees have been previously approved by those sub-committees and moved for consideration by the Executive Committee:

#### **Finance Committee**

#### RESOLUTION NO. 040- 2023 - AUTHORIZING HEALTHCARE BENEFITS RENEWAL (ADMINISTRATIVE SERVICES AGREEMENT) WITH THIRD PARTY ADMINISTRATOR -EXCELLUS BLUECROSS BLUESHIELD

MOVED by Ms. Drake, seconded by Ms. Henty, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the current GTCMHIC Municipal Cooperative Agreement defines the actions to be taken by the GTCMHIC Board of Directors to include the approval of contracts with third party benefit administrators for the furnishing of goods and services, and

WHEREAS, the Operations and Finance Committee have determined that it is in the Consortium's best interest to continue its relationship with Excellus BlueCross BlueShield for the administration of the Consortium's medical and prescription drug claims, and

WHEREAS, Excellus BlueCross BlueShield has agreed to give consideration in future years for Administration Rates to vary based on growth in enrollment numbers and has set discounts at four different contract band levels, now therefore be it

RESOLVED, on recommendation of the Finance Committee, the Executive Committee on behalf of the Board of Directors hereby approves the 2024 Healthcare Benefits Renewal with Excellus BlueCross BlueShield under the proposed fee structure presented to the Board of Directors for 2024, 2025 and 2026,

RESOLVED, further, That the Chair of the Board of the Greater Tompkins County Municipal Health Insurance Consortium be authorized to execute the 2024 contract on behalf of the Consortium.

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# RESOLUTION NO. 041–2023 - AUTHORIZE PURCHASE OF STOP LOSS INSURANCE FOR 2024

MOVED by Mr. Shattuck, seconded by Mr. Mutchler, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Consortium must purchase stop loss insurance, as required by Section 4707 of New York State Insurance Law, now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee on behalf of the Board of Directors authorizes the purchase of the Stop Loss insurance policy with a deductible of \$1 million for the policy period January 1, 2024 to December 31, 2024 with Highmark to include claims incurred from January 1, 2024 thru December 31, 2024 and paid during the period of January 1, 2024 thru June 30, 2025.

RESOLVED, further, That the Plan Consultant is directed to provide the Executive Director with a copy of said policy.

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# RESOLUTION NO. 042-2023 – AUTHORIZATION TO ENTER INTO AN AGREEMENT WITH FOXPOINTE SOLUTIONS FOR SUPPORT WITH CYBERSECURITY

MOVED by Ms. Henty, seconded by Ms. Drake, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) has been asked to update several areas related to Cybersecurity as part of the NYS Department of Financial Services examination, and

WHEREAS, after discussing options with Tompkins County IT Department for additional support a mutual resource was identified for ongoing Cybersecurity efforts and FoxPointe Solutions was approached for additional assistance, and

WHEREAS, FoxPointe Solutions consulting engagement is meant to support GTCMHIC Management in its cybersecurity program efficacy, data security, and overall cyber risk management expectations, and

WHEREAS, FoxPointe Solutions, per Tompkins County IT Department's recommendation, will perform GTCMHIC management-requested assessments and reporting services as GTCMHIC's Virtual Chief Information Security Officer ("VCISO") and cybersecurity consultant and manage GTCMHIC Information Security program. This includes activities required under the current versions of NYS DFS 23NYCRR500 Cybersecurity Rule (with limited exemptions), NY State SHIELD Act (§899-bb), HIPAA/HITECH Acts Security and Breach Laws (45CFR164.306-316, 45CFR164.400-414) and the Gramm-Leach-Bliley Act (GLBA) (GLBA Title 16, Chapter 1, Part 314 of Subchapter C, Safeguards Rule, and

WHEREAS, GTCMHIC wishes to engage FoxPointe Solutions for a period of one year, for IT cybersecurity/risk management, and now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee, on behalf of the Board of Directors, authorizes the Executive Director to enter into a one-year agreement with FoxPointe Solutions.

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#### RESOLUTION NO. 043 - 2023 - AUTHORIZATION TO ENTER INTO AGREEMENT WITH BONADIO & CO. LLP - FINANCIAL REPORTING FOR 2024 - 2026

MOVED by Mr. Mutchler, seconded by Mr. Thayer, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Consortium entered into a contract with Bonadio & Co. LLP for financial reporting services during the years 2013-2023, and

WHEREAS, the Consortium wishes to continue the current arrangement for three additional years, now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee, on behalf of the Board of Directors, authorizes the Executive Director to sign a letter of engagement with Bonadio & Co. LLP for a three-year contract expiring December 31, 2026.

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# RESOLUTION NO. 044–2023 – AUTHORIZING INFORMATION TECHNOLOGY SERVICES AGREEMENT WITH TOMPKINS COUNTY-JANUARY 1, 2024 THRU DECEMBER 31, 2024

MOVED by Ms. Drake, seconded by Mr. Shattuck, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Tompkins County Information Technology Services Department (ITS) has provided technical support to the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) since it began operations in 2011, and

WHEREAS, the GTCMHIC wishes to continue its contract arrangement with the Tompkins County Information Technology Services Department that was formalized in 2020, and

WHEREAS, the 2023 Memorandum of Agreement, between the GTCMHIC and the Tompkins County Information Technology Services Department (ITS) for the provision of technology services provided to the GTCMHIC, including support in compliance with 23 NYCRR 500, now therefore be it

RESOLVED, on recommendation of the Finance Committee, that the Executive Committee on behalf of the Board of Directors approves the updated agreement with Tompkins County Information Technology Services for 2024 for ITS support provided to the Consortium from January 1, 2024 thru December 31, 2024, and

RESOLVED, further, That the Executive Director is hereby authorized to execute this contract on behalf of the Consortium.

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#### RESOLUTION NO. 045-2023- AUTHORIZATION TO PURCHASE INSURANCE POLICIES: ERRORS AND OMISSIONS, DIRECTORS AND OFFICERS LIABILITY, EMPLOYMENT PROTECTION COVERAGE, AND A FIDELITY BOND

MOVED by Mr. Salton, seconded by Mr. Snow, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, it is the desire of the Board of Directors to ensure liability coverage for the Consortium, the Board of Directors personally and professionally, and the participating municipalities, now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee, on behalf of the Board of Directors, hereby approves that the Consortium shall purchase coverage for these policies from the following for the period January 1, 2024 thru December 31, 2024:

- Errors and Omissions Insurance at \$1,000,000 limit with \$25,000 retention (placed by insurance agent Haylor, Freyer and Coon)
- Directors and Officers Liability Insurance at \$1,000,000 limit with \$25,000 retention and Employment Protection Liability at \$1,000,000 limit (placed by insurance agent Haylor, Freyer and Coon); and
- A Fidelity Bond

RESOLVED, further, That the Executive Director is authorized to execute the renewal documents for the policies listed above.

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#### RESOLUTION NO. 046-2023 – AUTHORIZING CONTRACT FOR ACTUARIAL SERVICES -RISK STRATEGIES – FISCAL YEARS 2023 and 2024

MOVED by Mr. Shattuck, seconded by Mr. Snow, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Health Insurance Consortium conducted a Request for Quotes for Actuarial Services in November of 2023 and awarded a contract to Risk Strategies, and

WHEREAS, the Consortium wishes to engage Risk Strategies under the terms outlined

in the proposed agreement for actuarial services for fiscal years ending 2023 and 2024, now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee, on behalf of the Board of Directors, approves the Executive Director is hereby authorized to sign a contract on behalf of the Consortium with Risk Strategies for fiscal years ending 2023 and 2024.

#### RESOLUTION NO. 047- 2023 - ACCEPTANCE OF THE VILLAGE OF WATKINS GLEN REQUESTING AN EXTENSION TO A THREE-YEAR WAIVER FROM COMPLIANCE GRANTED BY THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE (GTCMHIC)

MOVED by Ms. Holmes, seconded by Mr. Mutchler, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Village of Watkins Glen submitted an official resolution in 2019 authorizing the Village of Watkins Glen to join the GTCHMIC in accordance with the terms and conditions outlined in the GTCMHIC Municipal Cooperative Agreement (MCA), and

WHEREAS, by Resolution No. 16 of 2019 the GTCMHIC Board of Directors adopted a policy outlining a process of applying for 2020 membership to the Consortium, and

WHEREAS, it is recognized that the Village of Watkins Glen did not bring all of the active employees into the Consortium as required by Section A.5. of the MCA due to contract conditions at that time, and

WHEREAS, due to new leadership and new contract negotiations since said year 2020, the Village of Watkins Glen is requesting an extension with the GTCMHIC to add an additional three years to the existing waiver of Section A.5. MCA compliance, now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee, on behalf of the Board of Directors, hereby accepts an additional three-year extension with the Village of Watkins Glen to be waived of compliance with section A.5. of the GTCMHIC's 2023 MCA, effective through December 31, 2025.

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# RESOLUTION NO. 048-2023 – APPROVAL OF NEW CONTRACT FOR PLAN CONSULTANT – LOCEY & CAHILL, LLC – JANUARY 1, 2024 – DECEMBER 31, 2024

MOVED by Mr. Snow, seconded by Mr. Mutchler, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances

WHEREAS, the Consortium requires ongoing Plan consulting services to continue its operations, and

WHEREAS, the Finance Committee has discussed the need and scope of Benefit Plan Consultant Services and recommends that the Consortium continue to retain Locey & Cahill, LLC for those services, and

WHEREAS, the Finance Committee has reviewed and discussed the terms of the Consortium's contract with Locey and Cahill, LLC, and

WHEREAS, Locey & Cahill, LLC presented an agreement that became effective as of January 1, 2023 and remains in effect through December 31, 2026. Thereafter, the Consortium has the option to extend this contract in one-year increments through December 31, 2026, now therefore be it

RESOLVED, on recommendation of the Finance Committee, That the Executive Committee on behalf of the Board of Directors hereby approves its contract with Locey & Cahill, LLC of the agreement contract for the period January 1, 2024 through December 31, 2024.

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#### RESOLUTION NO. 049 – 2023 - AUTHORIZATION FOR CONTRACT WITH INSERO & CO. FOR THE PROVISION OF FINANCIAL AUDITING SERVICES – FISCAL YEAR 2023

MOVED by Ms. Holmes, seconded by Ms. Drake, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Consortium issued a Request for Proposals for previous financial auditing services and upon evaluating responses, by Resolution No. 26 of 2017, and No. 039-2020 contracted with Insero & Co., LLP for auditing of financial records for the years 2017 thru 2022, and

WHEREAS, upon recommendation of the Executive Director and Consortium Finance Manager, the Consortium wishes to extend its contract with Insero & Co. LLP for one year for the purpose of independent auditing the Consortium's financial records, now therefore be it

RESOLVED, on recommendation of the Executive Committee on behalf of the Board of Director, That the Executive Director is hereby authorized to sign a contract with Insero & Co to perform financial auditing services, which include certification that the officers have implemented Board adopted procedures for the Consortium, for the fiscal year ending December 31, 2023

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#### **Operations Committee**

#### **RESOLUTION NO. 050-2023: COMPLETE AND CLOSE 2022 DEPENDENT AUDIT**

MOVED by Mr. Salton, seconded by Ms. Holmes, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCHMIC) is a self-insured municipal cooperative health benefit plan operating pursuant to Article 47 of the New York State Health Insurance Law, and

WHEREAS, changes occur in employees lives with marriage, divorce, childbirth, and adoptions that may not become known to the health insurance provider, and

WHEREAS, the GTCMHIC has a responsibility to all employees and employers to ensure that the Plan covers only eligible spouses and/or dependents, and

WHEREAS, the latest deadline, of Resolution No. 001- 2015, the Dependent Certification Audit, to be completed May 16, 2022 by all municipal members, and

WHEREAS, the Consortium employers have completed the dependent verification process, with one exception, and have documented that 40 enrollees needed to be moved from active class to retiree class but no errors were found of the certified contracts with dependents, and

WHEREAS, Resolution No. 013-2023, Directing Executive Director and Staff to Complete the City of Ithaca's Dependent Certification Audit, has been completed as of September 15, 2023, with the exception of the union groups IPFFA and COU, per the City of Ithaca's request and per the Memorandum Of Understanding, MOU, recently established with the IPFFA and COU unions, and

WHEREAS, The City of Ithaca will complete the audit for these groups as of November 30, 2023, now therefore be it

RESOLVED, on the recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby accepts that the Dependent Audit has been completed and all municipal members have sent in reports to the GTCMHIC, and

FURTHER RESOLVED, pending the completion by the City of Ithaca dependent audit on November 30, 2023, the 2022 Dependent Audit can be closed.

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#### RESOLUTION NO. 051 - 2023 – AMENDMENT TO RESOLUTION NO. 032- 2022 THAT AMENDED RESOLUTION NO. 011-2020 "AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM'S MENU OF BENEFIT PLAN OFFERINGS" BY RESTRICTING PLAN ENROLLMENT

MOVED by Ms. Holmes, seconded by Mr. Salton, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances

WHEREAS, to achieve administrative efficiencies the Consortium removed from the Consortium's Menu of Benefit Plan Offerings effective January 1, 2021 the following benefit plans:

#### **Indemnity Plan MM3**

Plan Description:

MM3 – Basic Benefits with "Major Medical" \$100/\$200 Deductible & \$750/\$2,250 Outof-Pocket Maximum

#### Medicare Supplement Plans MS1. MS2. MS5, and MS6

Plan Descriptions:

MS1 - Medicare Supplement Plans with No Prescription Drug Coverage

MS2 - Medicare Supplement Plans with \$5/\$15/\$30 Rx Copay Plan

MS5 - Medicare Supplement Plans with 20%/20%/40% Rx Copay Plan

MS6 - Medicare Supplement Plans with 20%/30%/50% Rx Copay Plan

, and

WHEREAS, to maintain continued administrative efficiencies the Consortium removed from the Consortium's Menu of Benefit Plan Offerings effective January 1, 2023 the follow benefit plans:

Indemnity Plan MM3- Classic Blue MM RX (No ProAct Prescription Coverage) Plan Description:

MM3- Classic Blue MM RX \$50/150 Deductible & \$400/ \$1,200 Out-of-Pocket Maximum

#### PPO3- PPO \$20/35

Plan Description:

PPO \$20/35 with \$2,000/\$6,000 Out-of-Pocket Maximum and \$750/ \$2,250 Out of Network Deductible

, and

WHEREAS, per Resolution No. 032-2022, the Consortium voted to remove from the Consortium's Menu of Benefit Plan Offerings effective January 1, 2024, the following benefit plan:

#### Comprehensive MM6 Plan Plan Description: \$500/\$1500 Deductible & \$2,500 \$7,500 Out-of-Pocket Maximum Due to End December 31,2023

WHEREAS, to achieve further administrative efficiencies the Consortium wishes to continue consolidation and streamlining its menu of benefit plan offerings, and

WHEREAS, although included in the menu of benefit plan offerings, there are medical and prescription drug plans that are not being utilized by Consortium Participants and have no one enrolled or less than five Participants, now therefore let it be

RESOLVED, on recommendation of the Operations Committee and the Joint Committee on Plan Structure and Design, That the Executive Committee, on behalf of the Board of Directors, hereby Amends Resolution No. 032-2022 and Resolution No. 011-2020 "Authorization by the Board of Directors to Remove Benefit Plans from the Consortium's Menu of Benefit Plan Offerings" to include the following benefit plans be removed from the Consortium's Menu of Benefit Plan Offerings, and any new Participants will be restricted from enrolling in the following plans due to low enrollment, to be effective January 1, 2024.

#### 3T11- 3 Tier Prescription Drug Plan

Plan Description: 3T11- 3 Tier 20%/20%/40% Prescription Coverage

#### 3T13- 3 Tier Prescription Drug Plan

Plan Description: 3T13- 3 Tier 20%/30%/50% Prescription Coverage

#### PPO1 \$10/35 OV Kids \$0

Plan Description: PPO1 \$10/35 OV Kids \$0 Copay Under 19 for select services with \$1,000/ \$3,000 Out-of-Pocket Maximum & \$250/\$750 Out of Network Deductible.

#### Indemnity Plan MM1 Classic Blue \$100/300 Medical Plan

Plan Description: Classic Blue \$100/\$300 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

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# RESOLUTION NO. 052 - 2023 – AMENDMENT OF OUTDATED RESOLUTION NO. 001 OF 2017 "ADOPTION OF GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM (GTCMHIC) "RECORDS RETENTION POLICY" and ADOPT THE <u>UPDATED LGS-1</u> FEATURING RECORDS FOR THE GENERAL ADMINISTRATION OF ALL LOCAL GOVERNMENT NY STATE ARCHIVES

MOVED by Ms. Henty, seconded by Mr. Mutchler, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances

WHEREAS, Per Resolution No. 001-2017, The GTCMHIC adopted the New York State Archives CO-2 as its records retention schedule for the Consortium's administrative records, and

WHEREAS, The record retention report the GTCMHIC adopted via resolution, is now deemed outdated by the NYS Department of Financial Services (DFS), and

WHEREAS, Per New York State Archives, 2021 LGS-1 consolidates, supersedes, and replaces Schedule CO-2, MU-1, MI-1 and ED-1, therefore now be it,

RESOLVED, By the GTCMHIC that *Retention and Disposition Schedule for New York Local Government Records (LGS-1)*, issued pursuant to Article 57-A of the Arts and Cultural Affairs Law, and containing legal minimum retention periods for local government records, is hereby adopted for use by all officers in legally disposing of valueless records listed therein.

FURTHER RESOLVED, that in accordance with Article 57-A:

(a)only those records will be disposed of that are described in *Retention and Disposition Schedule for New York Local Government Records (LGS-1),* after they have met the minimum retention periods described therein;

(b)only those records will be disposed of that do not have sufficient administrative, fiscal, legal, or historical value to merit retention beyond established legal minimum periods.

FURTHER RESOLVED, On recommendation of the Operations Committee, That the Executive Committee on behalf of the Board of Directors, hereby adopts the amended 2021 Records Retention Policy – LGS-1 as the record retentions policy for the Greater Tompkins County Municipal Health Insurance Consortium effective immediately.

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# RESOLUTION NO. 053-2023 – AMENDMENT OF PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY VISIT LIMITS FOR ALL METAL LEVEL PLANS

MOVED by Mr. Salton, seconded by Ms. Holmes, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances

WHEREAS, after recent examination of an appeal presented to the Claims and Appeals Committee and their recommendation to review physical, occupational and speech therapy visit limits currently set at 45 visits per year for all Consortium Metal Level Plans, and

WHEREAS, review of current 2023 Excellus plan benefit summaries that currently offer a combined 60 visit limit per year for physical, occupational, and speech therapy, and

WHEREAS, per advisement from Locey & Cahill changes to said benefit will not affect the actuarial value of any of the Consortium Metal Level Plans, and now therefore be it

RESOLVED, the Joint Committee on Plan Structure and Design recommends to the Executive Committee, on behalf of the Board of Directors, for the Consortium to update all Consortium physical, occupational, and speech therapy benefits on all Metal Level Plans to reflect a 60 visits limit per year effective January 1, 2024, and

FURTHER RESOLVED, a one-time override to approve an additional 15 visits for 2023 for any subscriber that maximizes the current limit of 45 visits per year prior to December 31, 2023, provided it meets all benefit plan qualifications including medical necessity.

#### \* \* \* \* \* \* \* \* \* \*

#### Financial Update

Mr. Pelton and Mr. Spenard referred to the monthly <u>Budget Performance Report</u>, as of October 31, 2023 and covered the following key facts:

- 1. Total Income was 0.18% below the amended budget for the first 10-months of the fiscal period. The amended budget reflects the changes in plan designs by participants as well as the additions of new members municipalities.
- 2. The number of contracts insured by the Consortium increased by 9.10% and the number of covered lives grew by 9.39%, primarily as the result of adding new municipalities to the Consortium.
- 3. The paid claims which collectively include medical, prescription drug, CanaRx and pre-paid claims account for 94.72% of the total expenses of the Consortium through the first 10-

months of 2023. Overall paid claims to be 6.21% (including the advanced deposit for prepayment of claims) over budget for the 2023 Fiscal Year to Date, based on the amended budget as adjusted for the movement of contracts to other benefit plans and with the new municipal partners added to the program.

- 4. As of October 31, 2023, the Consortium lowered its specific stop-loss insurance premium by approximately \$1,893,709.88 and it has incurred large loss claims between \$500 thousand and \$1 million totaling \$1,494,480.16. As of October 31st, the net gain on this pool, excluding 2023 investments, is \$399,229.72. This amount will be reduced each month by any chargeable loss as well as each monthly stop-loss premium made by the Consortium. It is important to remember that this figure does not take into consideration that the pool is also picking up an extra \$100,000 in risk per member annually.
- 5. The net cash assets (unencumbered fund balance) as of October 31, 2023, equals 11.15% of premium revenues. This includes full funding of the Rate Stabilization Reserve at 7.5% of Expected Paid Claims and adjusting the Catastrophic Claims Reserve to \$4.81 million.

#### Future Agenda Topics

Strategic Initiatives Premium Rate Analysis

#### **Adjournment**

The meeting was adjourned at 5:32 p.m.

Respectfully submitted by Lynne Sheldon, Clerk of the Board

Next Meeting: February 21, 2024

#### Executive Director Report February 2024

Not many committees have met yet this year. Therefore, this update will provide a general review of projects in process at the Consortium.

The Finance Committee will meet later this week to review year-end results and amend the budget as necessary. Due to higher-than-expected claims experience, we ended 2023 on a negative note. The unaudited financials show we missed the budget by more than \$4M. Fortunately, our reserves are funded at a level to absorb this loss and 2024 experience has cooled off a bit from the higher-than-expected claims experience in 2023.

The transition to our new pharmacy benefit manager, Excellus, was complete on January 1, 2024. Most of our members received their cards on time, and after reading numerous announcements from the Consortium and Excellus, they were well prepared for the transition. Other than a few minor glitches, the move has been seamless and access to care remains constant.

We are still looking for a few municipalities to send in their 2023 signed MCA with supporting municipal resolution so we can close our files on that update and receive our new Certificate of Coverage. We are in the process of now securing approval from our members for the 2024 MCA update. We are hoping this will be the last time we will have to do back-to-back approvals. Unfortunately, the Department of Financial Services' request to update 2023 with new wording caused some confusion and made municipalities feel like the second request was redundant. The Consortium is working with our attorney to see if we can create a more efficient way of completing this requirement.

The staff also continues to work with the Department of Financial Services to update our Summary Plan Descriptions. We have posted on our website the 2023 plan summary drafts that are pending approval with the Department of Financial Services.

The Department of Financial Services audit for the years 2016 – 2021 has concluded and we are waiting for the formal Exit Audit Letter to be sent to the Consortium. When we receive the letter, and close the audit, we will forward a full report to our members.

The Executive Committee will be reviewing Strategic Planning Initiatives at our next meeting. The review will include agreeing on growth initiatives and how the organization will react with a larger risk pool. Included in the conversation will be a continued discussion on data related to premium equivalent rates and offering a four-tier premium model. Discussions include whether or not we would like to change our model and what an implementation plan would look like if we did.

Within the next month, the Claims and Appeals Committee will meet to review the medical claims audit conducted for the years 2020 and 2021. The audit presented minimal concerns about claims adjudication and a follow up meeting with Excellus helped confirm any misconceptions about plan discrepancies.

Several of our members and vendors have asked if we will be hosting an Open House at our new facility. Therefore, plans are being made to host an event prior to the May 2<sup>nd</sup> Joint Committee on Plan Structure and Design meeting. Save the date invites will be sent out shortly.

Please sign up on our website to receive the Consortium Connection electronically or follow this link to read December's newsletter <u>https://healthconsortium.net/Newsletter/2023/Newsletter/December</u>

Our presence on Facebook is growing, to see what is happening in wellness each month, please visit our Facebook site. Link to FB page

Respectfully submitted by Elin R. Dowd, Executive Director, February 15, 2024.

The Consortium remains committed to our mission to be an efficient intermunicipal cooperative that provides high-quality cost stable health insurance for members and their employees and retirees.

Our vision statement reflects our commitment to providing our municipal partners within the geographical boundaries of the Counties of Broome, Cayuga, Chenango, Chemung, Cortland, Livingston, Madison, Monroe, Onondaga, Ontario, Oswego, Tioga, Tompkins, Schyler, Seneca, Steuben, Wayne and Yates with a menu of health insurance plans to the benefit of the employees, retirees, and their families.

- The Consortium administers operations by collaborating with claims administrators, providers, and employee representatives to manage its costs, efficiencies, and success.
- The Consortium strives to provide a trustworthy responsive and efficient vehicle that enables access to its quality products, models a new health insurance paradigm, and educates its members to become more directly involved in their own personal health.
- The Consortium promotes a culture of preventive health care for the well-being of its members.

#### <u>Growth</u>

Increase contract count to 4500 by 2030 while fully funding all reserves and maintaining rate stability.

- Secure ongoing professional opinion on risk management
  - $\circ$   $\;$  Identify market and barriers to growth in these markets:
  - Small municipalities
  - Large municipalities
  - School districts
  - Water districts
  - Other quasi-government organizations
- What plans will be offered for expansion?
  - Metal Only
  - Offer Indemnity/PPO limited to large municipalities.
  - Remain with two tier premium plan or offer four tier premium alternative.
    - Review assumptions to determine direction.
      - Establish a new plan.
      - Decide on how to transition to a new option.
      - Determine if launch with just new members only.
- Improvements needed for growth.
  - $\circ$   $\;$  New member approval process and on-boarding
  - Competitive pricing
  - Mid-year transitions stumbling blocks accumulators.
  - Determination on if you can join by bringing only actives and leave retirees elsewhere.
- Article 47 rules and regulations
  - What will we offer to retirees that move.
- Change organizational name to reflect growth.
  - Should the name reflect the region Central NY, Southern Tier, Finger Lakes, Upstate NY or establish another creative name that doesn't impose limits on growth.
    - Determine other steps necessary to change organizational name.
    - Secure Board Approval
  - o DFS Approval
  - Ramifications of change

## Strategic Initiatives 2024

## **Greater Tompkins County Municipal Health Insurance Consortium**

- Email changes
- o Website changes
- Marketing material changes
- New Tax ID

#### <u>Plan Design</u>

Review Plan Offerings to determine best options for current and new members.

- Update plans to match market (Excellus metal plans Who else has market share and why)
- Consider offering hybrid metal level plans.
- Prescription drug management opportunities to control costs.
  - o Mandatory generics
  - o Formulary controls
- Retirement Plan Options
- Medicare Supplement with and without EGWP
- Medicare Advantage
  - Need to address resolution with 2024 deadline.

#### **Staffing**

Create an environment for staff to work fluidly by owning the process and not getting bogged down with unwarranted bureaucratic policies and procedures.

- Staff to update policies and develop new procedures for administrative practices.
  - Abstract Approval process needs revisions, too slow to be efficient with bill paying.
    - Utilize electronic voting when appropriate.
- Eliminate unnecessary meetings and consolidate committees.
  - How often does Finance need to meet?
  - Eliminate committees that can be absorbed into other committees or accomplished by staff.
- Determine the best approach to securing member feedback on positive cost-effective changes.
- Determine necessary approval process for NY State mandates (inform vs. approve) and advance directly to Executive Committee.
- Transition financial reporting by 2025 to Finance Manager

Secure new resources to streamline staff performance.

- Secure new billing system
- Create dashboards for quick updates on performance.
- Transition accounts receivable to a lockbox system resulting in improved cash flow and staff efficiency.

Add new staff according to growth plan.

- New customer service support person with next additional sixteen small new municipalities or five plus large new members.
- Create Benefit Management position.

Establish necessary customer service improvements.

- Secure consulting resources to clean up old website and create a new experience (RFP)
  - Update website to include two sections
    - Current and potential municipal member
    - Subscriber/employee

See staffing plan Attachment A

#### **Board of Director**

Define Board of Director Role and Update Municipal Cooperative Agreement to reflect an organization experiencing growth.

- Determine the necessary level of engagement needed by Board members.
- Improve MCA to reflect current and future organizational objectives.
  - Review MCA to determine how to operate with a structure that mirrors associations or other shared services (NYMIR, NYCLASS, Etc.)
    - Review options with legal counsel
    - Electronic Signatures
    - Text messaging
    - Improve the Director database for updates and contact information.
- Streamline Board of Director Communication
  - No longer copy directors on all meetings.
  - Provide Executive Director updates quarterly.
  - Post meeting schedules on website for non-committee members, eliminating meeting invites and meeting packet emails.

## Attachment A

#### Staffing Plan

#### <u>Outsource</u>

Remain an efficient organization by outsourcing to professional experts to perform specialized information or to secure industry expertise.

- Benefit Plan Consultants with industry specific experience
- Attorneys
- Information Systems and Cyber Security
- Actuary
- Auditors Claims and Finance
- Wellness to include incentive system with database

#### Phase 1 – 2024/2025

Create a benefit management position.

- Hire Benefit management position.
- Remove manager responsibilities from Benefit Specialist and update job description for Benefit Specialist to include.
  - Claims customer service
  - Education for open enrollment and other presentations
  - o Wellness
  - Facebook/Social Media
  - Website maintenance

#### Phase 2 – 2025

New positions will be created and filled as growth warrants.

- Create an <u>Account Manager</u> position.
  - Marketing
  - Content creation
  - Customer Feedback
  - Problem Resolution
  - Works closely with Benefit Manager on customer presentations
- Create a <u>Compliance Manager</u> position.
  - Manages the following reporting requirements.
  - o Works collaboratively with Finance Manager on annual/quarterly reporting
  - o DFS
  - o MCA
  - o COA
  - o Audits
  - Policy and Procedures
  - o RFP process
  - Required Insurance Coverage
  - $\circ$   $\,$  Collaborates with human resources on staffing compliance needs.
- Create an <u>Administrative Support</u> position.
  - $\circ \quad \text{Material creation} \quad$
  - $\circ$  Communication
  - $\circ \quad \text{Record retention} \quad$
  - Provide administrative support to all positions.

#### Attachment B Four Tier Implementation Assumptions and Time Frame

To remain competitive in the health insurance municipal market, GTCMHIC will offer a four-tier premium plan option for all metal level plans. The goal of the transition will be to garner the same premium results to support claims while implementing a tier structure that matches community rated plans offered by Excellus. The following assumptions must be met as we explore a four-tier premium option:

- Only metal level plans will be eligible for four tier option.
- Roll out new tier to new members first, commencing in 2025.
- Determine if we want to transition all members over a three-to-five-year period with expected implementation by end of year 2029 with all groups/plans (metal level) within a municipality moving at the same time.
- The new plan must support current total premium levels regardless of tier enrollment. Therefore, consider leaving current family premium levels for tiers two and three.
- Test premium factors to either mirror Excellus or create our own premium factor rates. Excellus is a factor of 1, 2, 1.7 and 2.85 for tiers 1, 2, 3, 4 respectively.

- Mirror Excellus plans in benefits and tier options while maintaining a competitive pricing advantage.
- Consider the rate inflation factor in 2025 premiums for all plans to boost premium revenue to support ongoing transition.
- Consider creating premium increase structure by plan during the transition and into the future, rather than an across-the-board premium rate.
- Implementation plan must avoid huge premium increases in any one tier level in any given year.
- Implementation plan will encourage all members to transition to new plan and transition plan will factor in union negotiation schedules and other implementation hurdles as a result.
- If the goal is to get family plan to a factor of 2.85, create a premium increase factor during transition years to secure alignment.
- If we want to drive behavior away from traditional PPO and Indemnity Plans, how will we change premiums and premium rate factor to encourage such behavior.
- Transition plan must factor in actuarial value calculator plan changes into transition plan to avoid premium increase and plan changes adversely affecting subscribers in the same year.



408 East Upland Road, Suite 2 • Ithaca, New York 14850 • (607)274-5590 healthconsortium.net • consortium@tompkins-co.org

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

# GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM 2024 MEETING SCHEDULE

(Updated 10/18/2023 to include Yearly BOD Meeting date)

Meetings to be held at the Consortium Headquarters and/or Remotely by Zoom\*

(\*Only Sub-Committee meetings may be held via Zoom due to OML)

Visit the Consortium's website for updates on meeting locations and additional meeting information:

www.healthconsortium.net

Consortium Headquarters: 408 East Upland Road, Suite 2, Ithaca, NY 14850

Joint Committee on Plan Structure and Design – *1 <sup>st</sup> Thursday quarterly; May, July*, August, November; 1:30					
May 2	August 1				
July 11 (*2 <sup>nd</sup> Thursday due to Holiday)	November 7				

Operations Committee – 1st Thursday quarterly; February, April, June, October; 1:30 p.m. (Subject to Change)February 1June 6April 4October 3

Executive Committee – \*3rd Weds. Bimonthly; 3:30 pm starting in FebruaryFebruary 21September 11 (Pre-Board Meeting – (\*2nd Wednesday))April 17October 16June 19December 18August 21August 21

Audit Committee – Meetings will be <u>held as necessary</u> at 3:00 p.m. prior to the Finance Committee Meeting dates listed below (Advance notice will be given) February 27, April 23

Finance Committee – \*4th Tuesday at 3:30 p.m.; monthly beginning in FebruaryFebruary 27August 27March 26September 10 (\*2nd Tuesday)April 23October 22May 28November & December combined December 3rdJune 25(1st Tuesday before Executive Committee)July 23July 23

Claims and Appeals Committee - Meetings will be held as necessary. (Advanced notice will be given)

Nominations & Engagement Committee – 2x/year (June, August) (2<sup>nd</sup> Monday) 3:30 p.m. June 10 August 12

**Board of Directors** — Educational Session - August 22, 2024, Time TBD Annual Meeting – September 26, 2024, 12:00 pm-2:00 pm

2023 - 2028 Fiscal Year Budget Projections	6.50% 6.50%		8.00%	8.00%	7.75%	7.50%	7.50%	7.50%
	Amended Budget 2023 Fiscal Year	Projected 12/31/23	Adopted Budget 2024 Fiscal Year	Amended Budget 2024 Fiscal Year	Projected Budget 2025 Fiscal Year	Projected Budget 2026 Fiscal Year	Projected Budget 2027 Fiscal Year	Projected Budget 2028 Fiscal Year
Average Covered Lives	6,985	6,985	6,985	7,243	6,985	6,985	6,985	6,985
Beginning Balance	\$29,117,448.16	\$31,742,475.19	\$26,035,920.14	\$27,536,573.08	\$25,253,028.18	\$26,427,005.82	\$28,941,091.57	\$32,548,994.57
	Actual 12/31/22	Actual 12/31/23						

Income								
Medical and Rx Plan Premiums	\$62,109,184.32	\$61,247,052.57	\$66,280,586.70	\$67,745,881.12	\$71,417,332.17	\$76,773,632.08	\$82,531,654.49	\$88,721,528.57 ** Based on annualized first 3 months of premium invoicing 102.21%
Interest/Investment Income	\$450,000.00	\$538,393.03	\$800,000.00	\$800,000.00	\$650,000.00	\$650,000.00	\$500,000.00	\$500,000.00
Rx Rebates	\$2,900,000.00		\$3,875,000.00	\$3,875,000.00	\$4,750,000.00	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00
Stop-Loss Claim Reimbursements	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other	\$0.00		\$0.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00 Cobra Administration Fees
Total Income	\$65,459,184.32	\$65,240,256.81	\$70,955,586.70	\$72,422,081.12	\$76,818,532.17	\$82,424,832.08	\$88,032,854.49	\$94,222,728.57
Expenses	\$42.140.244.54	011 550 53( 51		046 004 000 55	A 45 451 A 45 A 4	0 40 <b>50</b> 5 0 41 40	0.52 0.05 0.22 51	
Medical Paid Claims	\$43,149,264.56		\$45,318,439.96	\$46,334,932.57	\$47,471,065.86	\$49,725,941.49	\$52,087,923.71	\$54,562,100.08 L&C 2/13/24 Amended Budget
Advance Deposit / Pre-Paid Claims	\$139,700.00	\$139,700.00	\$450,000.00	\$315,000.00	\$175,000.00	\$175,000.00	\$175,000.00	\$175,000.00 Per email from Excellus 2/6/2024
Rx Paid Claims	\$18,787,861.39	\$21,805,216.57	\$22,162,670.64	\$22,659,779.34	\$23,824,870.94	\$25,611,736.26	\$27,532,616.48	\$29,597,562.71 L&C 2/13/24 Amended Budget
Rx Paid Claims - CanaRx Medical Admin Fees	\$178,747.40 \$1.762.898.30	\$152,729.30 \$1,708,337,18	\$159,717.32	\$159,717.32	\$171,696.12 \$1,710,744.00	\$184,573.33 \$1,753,584.00	\$198,416.33 \$1,806,191.52	\$213,297.55 L&C 2/13/24 Amended Budget
Rx Clinical Concierge Fees	\$1,762,898.30	4-,,	\$1,381,880.00 \$146,685.00	\$1,437,155.20 \$152,552.40	\$1,710,744.00 \$146,685.00	\$1,753,584.00	\$1,806,191.52 \$146,685.00	\$1,860,377.27 L&C 2/13/24 Amended Budget
LBS Admin Fees	\$0.00		\$146,685.00 \$0.00	\$152,552.40	\$146,685.00 \$10,000.00	\$146,685.00	\$146,685.00	\$146,685.00 L&C 2/13/24 Amended Budget
Rx Admin Fees	\$298,582.82		\$0.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00 SPDs and Cobra Admin \$0.00
NYS Covered Lives Assessment	\$429,780.00		\$451,269.00	\$469,319,76	\$473.832.45	\$497,524.07	\$522,400.28	\$548,520.29 L&C 2/13/24 Amended Budget
ACA PCORI Fee	\$429,780.00	\$17,808.57	\$22,844.11	\$23,757.87	\$23,986.32	\$25,185.63	\$26,444.91	\$27,767.16 L&C 2/13/24 Amended Budget
Specific Stop-Loss Insurance Premium	\$872,984.63	\$320,301.77	\$880,994,40	\$842,878.00	\$969.093.84	\$1.066.003.22	\$1.172.603.55	\$1,289,863.90 Per Highmark Quote for \$600K
Accounting Fees	\$19,570.00		\$20,157,10	\$19,600.00	\$20,761.81	\$21,384.67	\$1,172,005.55	\$22,686.99 Contract
Accounting rees	\$19,570.00	\$7,200.00	\$20,157.10	\$19,600.00	\$20,701.81	\$21,584.07	\$22,020.21	\$9.004.07 Contract
Audit Fees (Financial & DFS 2023 & 2024)	\$164,935.00	\$263,660.46	\$105,000.00	\$76,250.00	\$16,000.00	\$16,480.00	\$16,974.40	\$17,483.63 Accrued DFS in 2023 through year end. Should only have a couple more months in 2024 + \$16250 Finance Audit
Audit Fees (Claims)	\$92,750.00	\$68,975.00	\$95,532.50	\$78,525.00	\$56.051.43	\$10,480.00	\$59,464,96	\$59,464.96 Finishing Rx and starting New Med Audits
Consultant Fees (L&C)	\$94,399.50		\$97.026.00	\$97,026.00	\$99,936.78	\$102,934.88	\$106,022.93	\$10,203.62
Consultant Fees (Strat Plan - TBD)	\$100.000.00	\$75,000,00	\$25,000.00	\$25,000.00	\$20,000,00	\$20,000.00	\$20,000.00	\$20,000,00
Consultant Fees (Surat Fian - FBD)	\$100,000.00	4.0,0000	\$2.5,000.00	\$39,000.00	\$40,170.00	\$41,375.10	\$42,616.35	\$43,894,84 Contract
Legal Fees	\$12,360.00		\$12,730.80	\$15,000.00	\$13,112.72	\$13,506,11	\$13,911.29	\$14,328.63 Final DFS Report Response
Salaries	\$310,542.75	\$307,568.18	\$326,281.80	\$326,281.80	\$339,333.07	\$352,906.39	\$367,022.65	\$381.703.56
Fringe Benefits	\$124,217,10		\$134,711.49	\$134,711.49	\$140,099,95	\$145,703.95	\$151,532,11	\$157,593,39
Insurances (D&O / Prof. Liability)	\$65,014.00		\$75,000.00	\$75,000.00	\$78,750.00	\$82,687.50	\$86,821.88	\$91,162,97
Internal Coordination (Town of Ithaca)	\$6,000.00		\$6,000,00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000,00
Internal Coordination (IT Support)	\$12,881.43	• • ) • • • •	\$7,000.00	\$7,200.00	\$7,210.00	\$7,426.30	\$7,649.09	\$7.878.56 Contract
Wellness Program Costs	\$12,500.00	\$4.024.16	\$12,500.00	\$12,500,00	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500,00
Marketing Expenses	\$2,500.00	\$0.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Investment Management Services	\$24,000.00		\$24,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00 \$3000/qtr
Supplies Expense	\$7,500.00	\$7.677.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00
Computer Equipment	\$5,000.00	\$4,394.63	\$6,200.00	\$32,400.00	\$6,386.00	\$9,440.00	\$12,530.00	\$12,530.00 \$2000/mo Billing Software
Lease Expense (including Depreciation)	\$60,000.00	\$30,431.94	\$55,365.00	\$103,200.00	\$65,135.00	\$71,649.00	\$74,906.00	\$78,162.00 Leasehold improvement
Mileage- Travel Expenses	\$2,500.00	\$913.12	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Furniture and Fixtures	\$75,000.00	\$566.18	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Training / Professional Development	\$5,000.00	\$2,449.20	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
Subscriptions	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Other Expenses	\$7,822.85	\$1,838.10	\$8,057.54	\$8,057.54	\$1,893.24	\$8,299.26	\$1,950.04	\$8,548.24
Total Expenses	\$66,854,484.04	\$70,721,302.53	\$72,013,478.66	\$73,504,844.30	\$75,944,554.53	\$80,210,746.34	\$84,724,951.49	\$89,519,319.43
Net Income	(\$1,395,299.72)	(\$5,481,045.72)	(\$1,057,891.96)	(\$1,082,763.18)	\$873,977.64	\$2,214,085.75	\$3,307,903.00	\$4,703,409.15
% of Revenue	-2.1%	-8.4%	-1.5%	-1.5%	1.1%	2.7%	3.8%	5.0%
Gains/(Losses) on Investments	\$0.00	\$691,138.70	\$275,000.00	\$500,000.00	\$300,000.00	\$300,000.00	\$300,000.00	\$300,000.00
Adjusted Net Income	(\$1,395,299.72)	(\$4,789,907.02)	(\$782,891.96)	(\$582,763.18)	\$1,173,977.64	\$2,514,085.75	\$3,607,903.00	\$5,003,409.15
% of Revenue	-2.1%	-7.3%	-1.1%	-0.8%	1.5%	3.1%	4.1%	5.3%
Ending Balance	\$27,722,148.44	\$26,952,568.17	\$25,253,028.18	\$26,953,809.90	\$26,427,005.82	\$28,941,091.57	\$32,548,994.57	\$37,552,403.71
Liabilities and Reserves								
Statutory IBNR Reserve	\$6,672,663.00	\$6,672,663.00	\$8,170,899.35	\$8,528,296.42	\$8,597,115.95	\$9,083,670.13	\$9,599,274.78	\$10,145,755.24 Not final - Awaiting Year End Actuary value
Statutory Surplus Account	\$2,729,554.76	\$3,062,352.63	\$3,314,029.34	\$3,387,294.06	\$3,570,866.61	\$3,838,681.60	\$4,126,582.72	\$4,436,076.43
Discretionary Rate Stabilization Reserve	\$3,892,443.28	\$1,671,409.56	\$1,702,270.70	\$1,736,735.73	\$1,791,065.82	\$1,892,431.28	\$1,999,848.91	\$2,113,699.01 2.50%
Discretionary Catastrophic Claims Pool	\$4,808,739,38	\$4,808,739,38	\$4,808,739,38	\$4,808,739,38	\$4,808,739,38	\$4,808,739,38	\$4,808,739,38	\$4,808,739,38
Total Liabilities and Reserves	\$18,103,400.42	• , ,	\$17,995,938.76	\$18,461,065.59	\$18,767,787.76	\$19,623,522.39	\$20,534,445.80	\$21,504,270,06
	,,100,700,72				,,,,	,,	,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Unencumbered Fund Balance	\$9,618,748.02	\$10,737,403,60	\$7,257,089.42	\$8,492,744.32	\$7,659,218.06	\$9,317,569,18	\$12.014.548.77	\$16.048.133.65
Unencumbered Fund Balance % of Premiums	\$9,618,748.02		\$7,257,089.42 10.95%	\$8,492,744.32 12.54%	\$7,659,218.06 10,72%	\$9,317,569.18 12.14%	\$12,014,548.77 14.56%	\$16,048,133.65 18.09% Executive Committee Agenda Page 26



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#### **RESOLUTION NO. XXX-2024- AMENDMENT TO CONTRACEPTIVE SUPPLY LIMITS**

WHEREAS, the Consortium pharmaceutical plan benefits have various levels of medication supply refills that range from a 30-day to 90-day supply and since the Consortium, formed as an Article 47 Municipal Cooperative Health Benefit Plan, is required to include all New York State mandated benefits, and

WHEREAS, under the New York State Women's Healthcare Protections all insurance plans sold in New York State are to include several women's healthcare benefits, including the ability to obtain a 12-month supply of a contraceptive via a single purchase. This includes coverage for contraceptive drugs, devices, and products, therefore now let it be

RESOLVED, on recommendation of the Executive Committee, That the Board of Directors update all Consortium health plans to cover up to a 12-month supply of a contraceptive via a single purchase to remain in compliance with New York State mandated benefits.

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#### RESOLUTION NO. XXX-2024 - AMENDMENT TO RESOLUTION NO. 031-2023 -CREATION OF 2024 COMMITTEE STRUCTURE AND APPOINTMENTS OF COMMITTEE MEMBERS – APPOINTMENT OF VALERIE SAUL TO OPERATIONS COMMITTEE

WHEREAS, a vacancy on the Operations Committee exists because of a retirement of Ms. Schelley Michell-Nunn at the City of Ithaca, and

WHEREAS, it is deemed to be in the best interest of Committees to continue to have a member, such as Valerie Saul, Deputy Director of Human Resources at the City of Ithaca, who will represent the interests on this Committee, therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, appoints the above committee member effective January 1, 2024 with the term expiring December 31, 2024.

\* \* \* \* \* \* \* \*



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# RESOLUTION NO. XXX-2024 - DISSOLUTION OF THE "OWNING YOUR OWN HEALTH COMMITTEE" FOR THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

WHEREAS, by Resolution No. 001 of 2016, the Board of Directors established the "Owning Your Own Health Committee" for the purpose of identifying and recommending processes to promote a culture of preventative health care, supporting benefit clerks in that outreach to our employees and retiree members, coordinating wellness activities with our claim's administrators and community associates, and

WHEREAS, as the Consortium has grown it became necessary to re-evaluate the purpose of the Committee and to consider whether there could be efficiencies and value in addition to increased engagement of members by incorporating the Committee's work into the Joint Committee on Plan Structure and Design, and

WHEREAS, by Resolution No. 019-2020, it was Resolved that the Joint Committee on Plan Structure and Design shall assume the Consortium's wellness initiatives, and "Owning Your Own Health Committee" was temporarily suspended and the Executive Director to report back to the Board of Directors with a recommendation following an evaluation period, now therefore be it

RESOLVED, the Executive Director has reported back to the Operations Committee that the incorporation of the "Owning Your Own Health Committee" processes into the Joint Committee has been extremely successful and the Joint Committee has absorbed all aspects and processes during the evaluation period, and

RESOLVED, further, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, approves the dissolution of "Owning Your Own Health Committee" effective immediately.

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