

Greater Tompkins County Municipal Health Insurance Consortium

Audit and Finance Committee

August 22, 2017

Old Jail Conference Room

1. Call to Order (3:30) S. Thayer
2. Changes to Agenda
3. Approve Minutes of July 25, 2017 Meeting (3:32)
4. Executive Director's Report (3:35) D. Barber
 - a. CanaRx enrollment
 - b. DFS Communications
 - c. Potential members for 2018
 - d. Other Committee Activity
 - e. Newsletter
 - f. Update on RFP Process for External Financial Auditor
 - g. Rx Claims Audit
5. Financial Update (3:50) S. Locey
 - a. Update on Aggregate Stop Loss Negotiations with High Mark
 - b. July Financial Report
 - c. Month-by-month fiscal comparison of claims
6. 2018 Budget (4:00) Locey
7. **RESOLUTION:** Approval of Adjustment to the Gold Metal Level Plan Minimum Deductible Amounts (4:20) Barber
8. Excellus Contract (4:30) Barber
9. **RESOLUTION:** PBM contract extension (4:35)
10. **RESOLUTION:** Approving Town of Newfield Application for membership
11. Next Agenda Items (4:40)
12. Adjourn (4:45)

Invoices (Info. Only):

Armory Associates – August, 2017

Hancock Estabrook – August, 2017

Next Meeting: September 26, 2017

**Audit and Finance Committee
Minutes - Draft
July 25, 2017
Old Jail Conference Room**

Present: Bud Shattuck, Mack Cook, Olivia Hersey, Rordan Hart, Steve Thayer, Chuck Rankin, Laura Shawley

Excused: Peter Salton

Vacancy: 1 municipal representative

Guests: Judy Drake, Board of Directors Chair; Don Barber, Executive Director; Judy Taber (via conference call); Amy Guerreri, Stephen Estes, Tompkins County Human Resources; Rick Snyder, Treasurer

Call to Order

Mr. Thayer, Chair, called the meeting to order at 3:38 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of June 27, 2017 Minutes

It was MOVED by Ms. Hersey, seconded by Mr. Shattuck, and unanimously adopted by voice vote by members present with Mr. Salton abstaining, to approve the minutes of June 27, 2017 as submitted. MINUTES APPROVED.

Executive Director's Report

CanaRx

Mr. Barber reported there were three individuals who signed up for the CanaRx Program in June. He will keep the Committee informed on enrollment.

DFS Communications

Mr. Barber reported there has been no communication with the Department since the last meeting. He has a phone call into Senator Seward's office to set up a meeting to discuss communication with the Department. He invited any interested member to participate in that conversation when it is scheduled.

JURAT Timeline

A proposed timeline was distributed for review. Mr. Barber said he, Mr. Locey, and Mr. Snyder have worked on the timeline to coordinate schedules for the purpose of getting the JURAT complete to the Department of Financial Services in a timely manner that will meet prescribed deadlines. It was stated that Excellus, ProAct, and Armory Associates will be submitting information earlier which will allow the Treasurer and Bonadio's work to be completed earlier. It was noted that the first line of the spreadsheet should be corrected to read "January" claims data. The timeline was unanimously in support of the timeline as presented and corrected.

Other Municipal Interest in Joining the Consortium

Mr. Barber reported at this time the only municipality that he is aware of requesting to become a participant is the Town of Newfield. The Town's municipal board has provided the Consortium with a resolution requesting membership and has provided copies of AUD's which

are in the process of being reviewed. The Town of Homer and Cortland County are looking at information and contemplating joining.

Mrs. Shawley said she spoke to the Town of Candor Supervisor, Robert Riggs, and was told that when Tioga County was looking at the Consortium a year ago they received a report that the Consortium was extremely financially unstable. She spoke with Supervisor Riggs in detail about the Consortium and was told the Town has moved to a Metal Level Plan that is unaffordable to employees because of the deductible levels and they are also incurring very high rate increases. Mr. Riggs Chairs the Council of Governments in Tioga County and indicated he is willing to look at the Consortium again and take information back to other municipalities. Mr. Barber said he was aware of the report referenced, although he has not seen it, and stated it was reportedly prepared by a broker.

PBM Contract

Mr. Barber announced the contract with ProAct authorized a one-year extension and asked if there was interest in extending the contract for 2018. The Committee was supportive of Mr. Barber bringing a resolution forward to the next meeting to extend the contract with ProAct for 2018.

Establishing Process for Selecting Financial Auditor for 2018

Mr. Barber said Resolution No. 21 of 2015 was forwarded to the Committee which approved Inero being the Consortium's auditor for the years through 2017 and stated that the Consortium would seek proposals in 2017 for auditing of the Consortium's financial records for 2018-2020. He asked for guidance from the Committee on whether to proceed with developing a request for proposals.

Mr. Snyder suggested a resolution should always show the period that is being audited and reference the year in which the audit is taking place. He said he has begun the process of developing a Request for Proposals for the County's auditing services and asked if the Consortium would like to be included in that RFP and if so, a discussion could take place on evaluating responses. He said when this goes out to bid it will include not only the County's audit but the Library, Industrial Development Agency, Tompkins County Development Corporation, Soil and Water Conservation District, and the Tobacco Securitization audit, and could easily include the Consortium audit. Each audit is different and each would be costed out differently. The Committee was supportive of including the Consortium in the County's RFP; Mr. Barber noted the requirements of DFS should also be included. It was clarified that it would follow the County's process but would then be up to the Consortium to select its auditor. No resolution was needed; Mr. Barber will work with Mr. Snyder on this.

Coverage and Termination of Health Insurance Benefits

Mr. Barber said in the last couple of weeks Ms. Guerreri has had conversations with Ms. Miller of Excellus regarding terminating insurance for employees who have left employment. Last year the Consortium adopted a resolution that addressed how premiums are allocated and paid for and the retroactive claims process was adopted. In Ms. Guerreri's conversations with Ms. Miller she was informed that the Excellus Administrative Benefits Manual states that coverage ends when employment ends and this is different from municipal policies. This raises a question of what whether the Board wants to do something because up until now the Board has been dealing with items that impact the Consortium and has not dealt with employer policies.

Ms. Guerreri said over the years there has been discussion at the Consortium level with regard to proration of premiums with respect to employees who are starting or leaving

employment. It appears that the practice has changed almost universally with Consortium participants in that they were going to have new hires have insurance effective the first day of the month of hire and they would be covered through the last day of the month in which they leave employment with the primary reason being the Consortium is billing the entity an entire month of premium regardless of when the individual starts or ends coverage. Her understanding that Excellus will prorate the premium but the Consortium bills the entity for the entire month. To avoid paying for insurance for the entire month in which an employee was not covered a decision was made to change the effective date of coverage. One area that is of concern to her is the impact that has on qualifying events. She said if a baby is born on July 20th for example they should by legal resources to be effective for coverage on the date of the birth; however, in some cases if the parents do not have a family plan the plan is not being changed from individual to family until the first day of the following month. She said when there is a premium change there should not be a delay in coverage and believes there should be proration for qualifying events. She said she would like the Consortium to look at some of the practices that are taking place because of the issue of premium proration.

Ms. Drake said when a baby is born the Town of Ithaca absorbs the premium cost for that month and stated it does not happen frequently enough to make a big difference. For marriage or divorce a person is either covered or not added until the first or last day of the month. Ms. Guerreri said she surveyed other counties and out of 18 respondents, 17 followed the practice of keeping employees covered through the last day of the month of employment and one terminated the policy the day after departing employment. Ms. Drake said the Town's policy follows a recommendation that because when someone terminates for the end of the month the Town would be taking a chance on the liability of keeping them on through the end of the month.

Mr. Barber suggested the Board of Directors be made aware of this concern and consider establishing a subcommittee to review the matter, identify the issues, and make a recommendation on whether the Consortium should establish a policy or recommend a practice to employers on how to deal with this issue.

Mr. Snyder said his staff was under the impression that if a member is covered under the Stop Loss insurance for the month in which the insurance has been paid they would be covered regardless of what date they left employment and if this is true, the liability issue would go away. He would like this to be looked into and clarified. Ms. Taber stated that it is based on whether Excellus would cover the claim; if a member is not eligible by Excellus the claim would not be paid by the Stop Loss carrier.

Mr. Cook said he is not concerned with new hires or departures but is concerned with qualifying events. Mr. Hart said the question of when the effective date for insurance to start may be an employer question, particularly because most employers pay some portion of the premium cost. Ms. Guerreri said although she agrees the Consortium is billing the employer for the enhanced coverage for the entire month regardless of the date of birth and would like the Consortium to change its practice for prorating premiums for qualifying events, particularly with childbirth. Ms. Hersey said there would likely not be a problem if the employee had a family plan but if it was an individual plan the hospital may bill child as an uninsured. Mr. Barber will raise this concern with the Board of Directors at its meeting this week.

Increase in Deductible Level for Gold Metal Level Plan

Mr. Barber said the Joint Committee on Plan Structure and Design will be proposing to change the deductible for the Gold Metal Level Plan in order for the Plan to reach the threshold to be compliant with the Affordable Care Act and continue to qualify for a Health Savings

Account. Both employers in the Consortium that have the Gold Metal Level Plan offer a Health Savings Account and have requested this change be made.

Pharmaceutical Claims Audit Update

Mr. Barber reported BMI has begun the auditing of prescription drug claims for 2015-2016 and will have a report in January.

Financial Update

Mr. Barber said members should have received information from Mr. Locey on aggregate Stop Loss negotiations with High Mark, the June financial report and a month-by-month fiscal comparison of claims. He noted that revenue has been significantly higher because of prescription drug rebates.

Mr. Snyder said the Consortium has had \$.5 million in net income for each of the last three months when it was projected to be using some reserves. In the first six months of 2017 the net income was \$2.1 million which is \$3.1 million ahead of where the Consortium expected to be at this time and puts the Consortium in a positive footing when beginning to formulate the 2018 budget.

2018 Budget

Mr. Barber said he has asked Mr. Locey to provide more information on the rebate tiers, to clarify a statement on page nine of the budget memo on his reference to reserves being a great revenue source, additional data related to his recommendation for a \$300,000 catastrophic claims reserve increase, and to spend more time explaining the assumptions outline on the bottom of the 2018 preliminary budget spreadsheet. The Board of Directors will be presented with the information at its meeting this week.

Financial Services Agreement

Mr. Barber said this proposed agreement was developed based on a suggestion at the Committee's last meeting. Upon contacting the Consortium's Legal Counsel it was recommended that there be a contract and Mr. Powers contributed in the development of the agreement. Mr. Snyder also spent time and prepared a memorandum articulating his thoughts and outlining what was being incorporated into the contract.

Ms. Drake asked Mr. Snyder to speak to the cost. He said presently the Consortium is paying approximately \$35,000 for a half-time Account Clerk position and in this year's County budget this was increased to 70% which represents the portion of time the Account Clerk spends on the Consortium although that cost was never passed on to the Consortium. He said by implementing the increase on September 1st it would result in an increased cost or the remainder of 2017 by \$5,500 and his budget will absorb the remainder of the additional 2017 cost. He said the proposed agreement includes the Account Clerk's salary at 70% and also a Deputy Finance Director's time at 10% for a total of \$65,400. Mr. Snyder said he contributed 15% of his time to the Consortium but is not billing the Consortium for that. At this time he could not specifically say what work the Deputy Director who has not yet been hired will be doing but plans for that person to learn all aspects of the Consortium and eventually be able to do everything he does for the Consortium.

The Committee unanimously supported the approval of the Financial Services Agreement. A resolution will be prepared and presented to the Board along with the explanatory memo prepared by Mr. Snyder.

**RESOLUTION NO. 2017 - MEDICAL CLAIMS AUDIT ACTION ITEMS FOR EXCELLUS
BLUECROSS BLUESHIELD**

MOVED by Mr. Thayer, seconded by Mr. Hart. Mr. Barber said the resolution identifies seven areas where changes are being recommended to be made by Excellus to comply with benefit plans. Ms. Taber spoke to the chiropractic care and said the only way Excellus can implement the recommendation is to request prior authorization which would be the responsibility of the provider. They would need to get prior authorization for the first 20 visits and after that the medical necessity of continued chiropractic care would need to be reviewed. The patient would be held harmless and if the provider does not get the prior authorization they would not be responsible for the cost.

Ms. Drake asked if plan documents would be changed to state that chiropractic care would be limited at 20 visits without prior authorization because at the current time plan descriptions say 100% with no limitations. Ms. Taber said it would still be covered at 100% but a number of plans state that all services have to be medically necessary. She said it is an abused medicine and a lot of times is not medically necessary. It is not the member who would be impacted; the provider would have the responsibility for getting the prior authorization and if the provider did not get that they would have to absorb the cost and the member would be held harmless. Mr. Barber said there wouldn't be a need to change a benefit plan, the change would be between Excellus and the provider. Ms. Taber clarified that the claims audit found that there were excessive visits and in once case there were up to 100 chiropractic visits in one year.

Ms. Hersey and Ms. Drake expressed concern that there could be a situation where a patient would feel like they had to go through a lot of work and may not have coverage. Ms. Drake suggested that the plan description that is provided to members have language to make them aware of this to avoid it being viewed as a change in a benefit plan. The Committee was comfortable with the language contained the resolution but would like there to be clarification of what language is contained in the Plan document and as well as information that is given to employees.

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

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan organized pursuant to Article 5-G of the New York State General Municipal Law, and

WHEREAS the GTCMHIC is 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 Consortium contracts with a licensed New York State Article 43 Not-For-Profit Insurance Company, Excellus BlueCross BlueShield, for the administration of the various hospital, medical, and surgical plans offered to the participating municipal employers in the Consortium, and

WHEREAS, the Consortium's Board of Directors contracted with BMI Audit Services, LLC to conduct an audit of the claims adjudication processes at Excellus BlueCross BlueShield to include claims paid between January 1, 2014 and December 31, 2015, and

WHEREAS, BMI Audit Services, LLC reported to the Consortium Board of Directors that Excellus BlueCross BlueShield was not complying with the terms and conditions of the Consortium's hospital, medical, and surgical plans in certain identified areas and

WHEREAS, the Consortium's Executive Director, Executive Committee, Audit & Finance Committee, and the Consortium's Plan Consultant, Locey & Cahill, LLL, have reviewed the audit findings in substantial detail and developed recommended actions for each previously unresolved substantive finding, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors hereby approves the following actions to "close-out" this medical claims audit:

1. Dental Services

The various hospital, medical, and surgical plans are hereby amended to allow the coverage of hospital, outpatient surgical center, anesthesiologist, and/or other medical professional services needed for the care of a patient when the patient's care is expected to:

- a. result in extensive blood loss;
- b. require major or prolonged invasion of a body cavity;
- c. involve any major blood vessels: or
- d. normally be performed in the office of a physician or dentist

2. Foot Care

Excellus BlueCross BlueShield is hereby directed to exclude those American Medical Association ("AMA") Current Procedure Terminology ("CPT") Codes for all items classified as "foot inserts" from coverage under the Consortium's hospital, medical, and surgical contracts. The exclusionary language found in the Consortium's plans is approved benefit language which includes the New York State Department of Financial Services "model language" excluding foot care, as follows:

"We do not Cover routine care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet."

In addition, Excellus BlueCross BlueShield's Medical Director and/or Medical Review Professionals are hereby authorized to "override" this exclusion when the patient presents an underlying medical condition unrelated to foot care which requires the patient to utilize a foot orthotic.

3. Orthopedic Shoes

The Consortium is hereby instructing Excellus BlueCross BlueShield to comply with the exclusionary language found in the plan documents and/or insurance certificates relative to foot care, as described in #2 of this resolution above and as approved by the New York State Department of Financial Services.

4. Hearing Evaluation and Hearing Aids

Excellus BlueCross BlueShield is hereby directed to take the necessary actions to ensure services related to routine hearing evaluations and the purchase and/or adjustment of hearing aids are excluded services in accordance with the Consortium's hospital, medical, and surgical plans of benefit.

Due to the nominal dollar amount (\$327.11) in identified errors of this nature, the Consortium is not requesting a refund of overpaid dollars at this time from Excellus BlueCross BlueShield.

5. Diagnostic Laboratory Panels

The Consortium is hereby requesting that Excellus BlueCross BlueShield strictly adhere to the industry standard practice of denying charges for diagnostic laboratory tests when said tests are included in a diagnostic laboratory panel billed on the same date of service.

Due to the nominal dollar amount (less than \$200) in identified errors of this nature, the Consortium is not requesting a refund of overpaid dollars at this time from Excellus BlueCross BlueShield.

6. Eye Refractive Exams and Vision Care

The Consortium acknowledges that certain hospital, medical, surgical plans of benefit do include limited benefits for routine vision exams and the cost of materials associated with corrective vision items (contact lenses, glasses, etc.). The Consortium Board of Directors hereby instructs Locey & Cahill, LLC to develop a "rider" to be added to the appropriate Consortium hospital, medical, and surgical plans as necessary to ensure the benefits listed are covered and paid appropriately.

Chiropractic Care

The Consortium acknowledges that many of the hospital, medical, and surgical plans offered by the Consortium do not include language which limits the possibility of over use or abuse of this benefit for palliative reasons. That being said, the Consortium feels Excellus BlueCross BlueShield has an obligation to ensure any and all hospital, medical, surgical services are medically necessary and appropriate in accordance with the contract language approved by the New York State Department of Financial Services.

To achieve this result, the Consortium hereby requests Excellus BlueCross BlueShield's Medical Review Personnel establish a set protocol for reviewing chiropractic care for medical necessity when such care has exceeded twenty (20) visits in a calendar year for a specific patient and confirm this process is in place by December 31, 2017.

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RESOLUTION NO. - 2017 - EXTENSION OF CONTRACT FOR PLAN CONSULTANT - LOCEY & CAHILL, LLC - 2018

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

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

WHEREAS, the Plan consulting services needed include: strategic planning, establishing a budget, filing periodic reports, calculating premium equivalents, preparing a variety of internal reports and requests for proposals, and interfacing with third party administrators and ancillary benefit providers, and

WHEREAS, the Consortium by Resolution No. 17 of 2013 awarded a contract for Plan consultant services on December 19, 2013 to Locey & Cahill, LLC of Syracuse for the period January 1, 2014 through December 31, 2015 with the option to renew for three additional one-year terms, now therefore be it

RESOLVED, that the contract with Locey & Cahill, LLC be extended for the period January 1, 2018 through December 31, 2018.

**RESOLUTION NO. - 2017 – AUTHORIZING CONTRACT FOR ACTUARIAL SERVICES -
ARMORY ASSOCIATES – 2017 AND 2018**

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

WHEREAS, the Greater Tompkins County Health Insurance Consortium issued a Request for Proposals for Actuarial Services on January 4, 2016 and awarded a contract to Armory Associates of Syracuse, New York to perform actuarial services for the Consortium for the years 2015 and 2016 with an option to extend the contract for the years 2017 and 2018, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That a contract be extended for fiscal year 2017 and for fiscal year 2018.

Medical Claims Administration

Mr. Barber said at the last meeting there was discussion of moving forward with a contract with Excellus and members should have received a copy of a letter he sent to Beth Miller. He met with both Ms. Miller and Jim Reed of Excellus and they recognize the concerns related to online enrollment. They feel they have done work since that time and Ms. Miller will create an online course for anyone using the online enrollment program. That should take place by early Fall. They also have their legal team putting together a draft contract proposal for review at the next meeting.

Next Agenda Items

The following items will be included on the next agenda:

- Discussion and Resolution of Excellus contract;
- Resolution approving ProAct contract extension;
- 2018 Budget; and
- Resolution increasing deductible levels for Gold Metal Level Plan;
- Resolution accepting the Town of Newfield into the Consortium

Invoices

There were no questions concerning invoices that have been paid.

Adjournment

The meeting adjourned at 5:10 p.m.



Greater Tompkins County Municipal Health Insurance Consortium

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

RESOLUTION NO. - 2017 – APPROVAL OF ADJUSTMENT TO THE GOLD METAL LEVEL PLAN MINIMUM DEDUCTIBLE AMOUNTS

WHEREAS, the Internal Revenue Service recently issued new limits for 2018 for high deductible plans for Health Savings Accounts (HSAs) for maximum out-of-pocket expenses, and

WHEREAS, in order to now qualify for a high-deductible health plan Gold Metal Level Plan, the minimum deductible for single coverage must be increased from \$1,300 to \$1,350 and from \$2,600 to \$2,700 for family, and

WHEREAS, the two Participating Consortium employers enrolled in the Gold Metal Level Plan wish to continue to offer the option of a Health Savings Account to their employees and retirees,

WHEREAS, data entered into the federal actuarial calculator indicates the proposed deductible will change from 79.72% to 79.44%. In keeping with past Consortium policy the premium rate will be 0.26% lower than all other premium rates,

WHEREAS, the Joint Committee on Plan Structure and Design has reviewed this benefit plan change and recommends approval, now therefore be it

RESOLVED, the Audit and Finance Committee recommends that the Board of Directors authorizes a benefit plan adjustment to the Consortium’s Gold Plan to increase the deductible for single coverage from \$1,300 to \$1,350 and to increase the minimum deductible from \$2,600 to \$2,700 for family coverage, effective January 1, 2018.

WHEREAS, Board of Directors resolution No. 028-2016 awarded a one-year contract with ProAct for Prescription Benefits Manager services with the Consortium having the option to extend the contract annually for each of the next two years, and

WHEREAS, the Audit and Finance Committee has discussed and desires to extend the Prescription Benefits Manager services with ProAct for another year, now therefore be it

RESOLVED, that the Audit and Finance Committee recommends the contract with ProAct for Prescription Benefits Manager services be extended for the period January 1, 2018 through December 31, 2018.



Greater Tompkins County Municipal Health Insurance Consortium

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RESOLUTION NO. -2017 - ACCEPTANCE OF APPLICATION BY THE TOWN OF NEWFIELD TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

WHEREAS, by Resolution No. 005 of 2012 and amended by Resolution No. 27 of 2014 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of Newfield has submitted an official resolution authorizing the Town of Montezuma to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Newfield has complied with membership process outlined in Resolution No. 005 of 2012 and amended by Resolution No. 027 of 2014 and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium’s Treasurer, Chief Financial Officer and/or the Consortium’s Auditor, now therefore be it

RESOLVED, That the Greater Tompkins County Municipal Health Insurance Consortium, accepts and welcomes the Town of Newfield as the 29th municipal participant, with health insurance coverage beginning January 1, 2018,

RESOLVED, further, That the Board of Directors waives the requirement of payment of 5% of premium to the Surplus Reserve Account as requested by the Town of Newfield,

RESOLVED, further, That the Board of Directors determines that the terms of assessing the pro rata share of any surplus or deficit to the applicant shall at the time the applicant leaves the Consortium or upon dissolution of the Consortium shall be based on their share of any deficit or being paid their share of any surplus that was generated during their years of participation. The Board of Directors would identify the surplus or deficit which exists on the date of entry and again on the date of withdrawal or dissolution and bill or pay the applicant accordingly,

Resolved, further, That the Administrative Clerk shall forward to the New York State Department of Financial Services a certified copy of the resolution authorizing the Town of Newfield to become a participant in the Consortium and a certified resolution adopted by the GTCMHIC accepting the Town of Newfield as a Participant in the Consortium.

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