



Greater Tompkins County Municipal Health Insurance Consortium

P.O. Box 7 • Ithaca, New York 14851 • (607) 274-5590

Headquarters: 215 N. Tioga Street, Ithaca, NY 14850

www.healthconsortium.net • consortium@tompkins-co.org

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

MINUTES – APPROVED

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design May 5, 2022 – 1:30 p.m. Zoom Meeting

Present:

Municipal Representatives: 21 members

Judy Drake, Town of Ithaca and Board of Directors Chair; Jeff Walker, Village of Cayuga Heights; Betty Conger, Village of Groton, Ed Finkbeiner, Town of Hector, Eric Snow, Town of Virgil; Schelley Michell-Nunn, City of Ithaca; David Corey, Town of Montezuma; Laura Granger, Seneca County; Michael Allinger, Town of Newfield; Bud Shattuck, Village of Union Springs; Luann King, Town of Cincinnatus; Ronny Hardaway, Village of Lansing; Amanda Anderson, Town of Dryden; Town of Lansing; Olivia Howarth, Town of Lansing; Sarah Thomas, Tompkins County; Carissa Parlato, Town of Ulysses; Alex Patterson, Town of Aurelius (arrived at 2:34 p.m.); Stephanie Redmond (arrived at 2:11 p.m.); Mike Murphy, Village of Dryden (arrived at 2:21 p.m.) Ed Fairbrother, Town of Big Flats; Laura Shawley, Town of Danby (arrived at 1:37 p.m.)

Municipal Representatives via Proxy: 4 members

Lisa DeVona, Village of Fayetteville (Proxy – Judy Drake); Tom Brown, Town of Truxton (Proxy – Eric Snow); Ed Wagner, Town of Owasco (Proxy – Judy Drake); Lou Anne Randall, Town of Cuyler (Proxy – Judy Drake)

Union Representatives: 10 members

James Bower, Bolton Point; Jon Munson, Town of Ithaca Teamsters; Melissa Schmidt, TC3 Faculty Association (arrived at 2:00 p.m.); Jeanne Grace, City of Ithaca Executive Unit; Ian Tompkins, City of Ithaca DPW Unit; Zack Nelson, City of Ithaca Admin. Unit; Kate DeVoe, TCPL Professional Unit; Elizabeth Hujar, TCPL Staff Unit; Jonathan Walz-Koeppel, TC3 Professional Admin. Assoc. Unit; Nate Bates, Tompkins County Blue Collar (excused at 2:47 p.m.)

Others in attendance:

Elin Dowd, Executive Director; Teri Apalovich, Finance Manager; Michelle Cocco, Clerk of the Board; Kylie Rodrigues, Benefits Specialist; Rob Spenard, Locey & Cahill; Leslie Moskowitz, City of Ithaca; Sunday Earle, TC3; Mary Ellen Albright, Village of Groton (replacing Betty Conger); Kelli Lasher, Brandon Holt, Jen Delia, Dr. Chaitanya Chandravanka, Jason Warchal; Excellus; David Mastrangelo, Morgan Randazzo, and Deb Dempsey, ProAct

Call to Order

Mr. Bower, Chair, called the meeting to order at 1:33 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of February 3, 2022

It was MOVED by Ms. Conger, seconded by Ms. Drake, and unanimously adopted by voice vote by members present, to approve the minutes of February 3, 2022 as submitted. MINUTES APPROVED.

Board of Directors Chair Report

Ms. Drake reported the Executive Committee continues to work on long-term planning for the Consortium and also reviewed financial information at its last meeting.

Executive Director Report

Ms. Dowd thanked representatives from ProAct and Excellus for attending this meeting to present the annual utilization reports. She said the end of 2021 financial process is concluding and the annual audit was approved at last week's Audit and Finance Committee. An annual report will soon be finalized and circulated. She spoke of additional work that has been done on wellness initiatives and reminded members to visit the Consortium's Facebook page "GTC Municipal Health Insurance Consortium". The page will have pieces of information posted from the Advanced Care Planning event that took place last week that was well-attended.

Ms. Dowd said a Benefit Clerk meeting was held last week to discuss benefits administration and items that will be coming up during the next open enrollment period. She said an audit of dependents is currently underway and explained the purpose is to ensure that everyone covered under the Plan is entitled to coverage and that human resources departments have been notified of any changes. An example of situations that can be identified is when there is a divorce and a spouse is no longer eligible for coverage or when a dependent has reached the maximum age for coverage.

Ms. Dowd said the Consortium is working on how to move forward and comply with Open Meetings Law after the June 8th deadline. She recognized members as volunteers and said she hopes to be able to offer both an in-person and remote option for members to participate.

Committee Chair's Report

Mr. Bower thanked Stephanie Engster for her work to increase CSEA involvement and to fill vacant seats on the Committee. He also recognized and thanked Ms. Conger for her contributions to the Committee.

Mr. Bower reported Ms. Rodrigues held a remote session recently and provided the City of Ithaca's professional staff, which is currently in negotiations, with helpful plan information and comparisons.

Mr. Bower reminded labor representatives that there continues to be vacancies on the Board of Directors for labor and encouraged anyone interested in serving to contact Ms. Dowd.

Approval of Amended Bylaws

It was MOVED by Mr. Bower, seconded by Mr. Hardaway, and unanimously adopted by voice vote by members present, to approve the amended Bylaws as follows:

Bylaws
Joint Committee on Plan Structure and Design
Adopted May 5, 2022

1. The Joint Committee on Plan Structure and Design (“Joint Committee”) will consist of one representative from each bargaining unit with enrollees covered by the Consortium plans and one representative from each of the participating municipalities as outlined in the Consortium’s Municipal Cooperative Agreement.
2. The purpose of the Joint Committee will be to review all prospective Board of Directors actions in connection with the benefit structure and design of the plans offered by the Consortium in order to develop findings and shall make recommendations to the Executive Committee and the Board of Directors with regard to such actions.
3. The Joint Committee has the authority to: be involved in reviewing benefits; investigate creative program designs for optimal use of resources; receive (quarterly) reports regarding use of benefits, UCR (Usual, Customary, and Reasonable) changes, and potential cost increases; compare benefits and costs about any carrier change; gather information about benefits, service levels, and related program costs.
4. The Joint Committee’s findings and recommendations with respect to benefit structure and design issues are presented to the Consortium’s Board of Directors or Executive Committee through the Committee Chair who is a Director.
5. All Joint Committee actions shall be by a majority vote of a quorum which is defined as a total of 25 members that must include a minimum of six Labor Directors. This requirement shall be reviewed annually.
6. Although physical or remote attendance is strongly encouraged, members who are unable to attend are able to designate a proxy by email to the Consortium’s Staff prior to the meeting. The designated proxy must meet the eligibility as outlined in Section K.1 of the Municipal Cooperative Agreement. The proxy designation must include: 1) the date of the meeting they will not be attending, 2) the individual to whom they are designating as the proxy, and 3) If the person is not currently a member of the Committee, identify the labor group or municipality for which the individual would be eligible for Committee membership.
7. Each January the Joint Committee Chairperson will be elected by a majority of a duly convened quorum of the Joint Committee who must be a union representative on the Joint Committee. The Vice-Chairperson of the Committee will also be elected by the Joint Committee and must be a representative from one of the participating municipalities
8. The Joint Committee Chairperson will serve as a voting Director on the Consortium Board of Directors representing Labor. The Union Members on the Joint Committee on Plan Structure and Design shall select from among the Union Members an individual to serve as an additional at-large voting Labor Member on the Board of Directors of the Consortium. If the number of municipal members on the Consortium rises to seventeen (17), the union members of the Joint Committee on Plan Structure and Design shall select from among the Union Members an additional at-large voting Labor Member on the Board of Directors of the Consortium. The at-large voting Labor Member(s) along with the Joint Committee Chair shall collectively be the “Labor Representatives.” If the number of municipal members on the Consortium rises to twenty-three (23), the Union Members may select from among their members a third

- At-Large Labor Representative to serve as a Director. Thereafter, for every increase of five (5) additional municipal members added to the Consortium Union Members may select from among their members one (1) At-large Labor Representative to serve as Director with a maximum of ten (10) Labor Representatives.
9. If any point in the year, the Joint Committee Chairperson or Vice-Chairperson, or the at-large voting Labor Member to the Board of Directors resigns, retires or is otherwise are not eligible to continue, elections will be held at the next Joint Committee meeting to fill the vacant position.
 10. Bargaining unit representatives will be the president of each bargaining unit or that persons' designee from the unit. Management representatives will be appointed by the respective elected leader of each participating municipality. (The term of appointments will vary according to the pleasure of the appointing authority).
 11. The Joint Committee meetings will be scheduled at dates, times and location agreed upon by consensus for future meetings. The meeting agenda will be made available 1 week prior to each meeting. There should be a good faith effort by management and labor for all to attend and participate. The Consortium supports good faith efforts on the part of management and labor to provide necessary resources and support to meaningful engagement at the Joint Committee meetings in the spirit of strengthening the bargaining relationship between management and labor.
 12. The Consortium's Staff will be responsible for distributing agendas and handouts, scheduling meetings, taking notes, creating draft minutes and posting materials on the GTCMHIC website. The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Joint Committee in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Joint Committee may adopt.

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Excellus Utilization Report

Ms. Dowd introduced representatives of Excellus to present the Consortium's 2021 annual utilization report. The following are highlights presented from that report:

- Inpatient and outpatient management program resulted in savings over \$253,000.
- Pre and post payment recoveries led to over \$1 million in savings.
- Provider discounts were 50% ensuring over \$44 million in network savings.
- The plan cost per contract per year in the current period had a 16% increase and is 14% higher than the union comparison population.
- The number of high cost claimants over \$100,000 slightly increased from 32 in 2020 to 35 claimants in 2021. These 35 claimants accounted for 22% of Plan costs and over \$8 million in claims.
- Depression and anxiety was the top prevalent condition in 2021, representing 27% of the population and \$1.3 million in total costs.

Ms. Delia presented enrollment and plan cost and area of care information and how the Consortium's results compared to Excellus' comparison population. She also reported on impacts of high cost claimants.

Ms. Schmidt arrived at this time.

Ms. Earle asked if Excellus had compared 2021 numbers to 2019 since 2020 was a unique year. Ms. Delia said she had compared some numbers but overall numbers for 2021 look similar to 2019. However, there were some high cost claimants that brought costs up higher than 2019. Ms. Delia said the decline in prescription costs appears to be due to more generic and medications that had a higher cost than in 2019, such as diabetic medications.

Ms. Redmond arrived at this time.

Dr. Chandravanka reviewed high cost claims and spoke of work Excellus does to support members and identify any gaps in care.

Ms. Dowd explained the purpose of having the Committee review these reports is to help an employee as well as the Consortium in managing care, and to identify where time can be spent to promote things like preventive care.

Mr. Warshall reviewed gaps in care for both preventive services and condition management and noted 83% of the Consortium's members are affiliated with a Primary Care Provider (PCP). There were 240 members (23%) identified who were not affiliated with a PCP and had no services; 357 (32%) were not affiliated with a PCP and utilized Urgent Care or Emergency Room services. Mr. Holt reviewed the most prevalent chronic conditions, noting the most prevalent was Depression and Anxiety, followed by Hypertension, Cholesterol Disorders, and Diabetes. He spoke of programs available through Well Frame and said there are still opportunities to promote this to municipalities and encourage members to register and use the program.

Mr. Holt reviewed provider network statistics and noted there was only 3.2% plan cost attributed to non-participating provider utilization. Ms. Dowd said when municipalities are exploring other plan options a question frequently comes up relating to out-of-network costs. She said one of the reasons the Consortium partners with Excellus is due to its large and robust provider network; the 3.2% represents utilization by all employees and retirees. Lastly, Ms. Delia presented statistics related to Covid-19.

The following was a summary of recommendations looking forward:

Condition Management

Stress the importance of managing chronic conditions through routine screenings/visits and Excellus resources. A focus on managing chronic conditions such as depression and anxiety, diabetes, heart disease and hypertension, can lead to an improved lifestyle and a healthier workforce.

- Take advantage of the available resources to help manage these conditions: Wellframe Application, Diabetes Management Program, MD Live.

Wellbeing

Continue to partner with the Excellus Wellbeing team on promoting a healthy lifestyle and encourage the use of resources to stay engaged in managing member health.

Plan Design Opportunity

Member cost share remains low. Keep up efforts of educating member groups on moving to the available Metal Level Plans. Increasing member cost share can help reduce costs to the Plan.

Mr. Patterson arrived at this time.

Pharmacy

Consider Excellus for pharmacy benefit management. There is great value financially, clinically, and administratively, to integrating the Consortium's medical and pharmacy benefits.

- Both the Consortium and its members will benefit from Excellus' synchronized approached and innovative programs.

Mr. Bates was excused at this time.

ProAct Utilization Report

Mr. Randazzo presented a review of the Consortium's plan performance and plan costs for 2021. She reported the increase in the number of prescription drugs was 4% and the breakdown of plan costs for prescription drugs was: Specialty – 48.79%, Retail – 41.33%, and Mail Order – 9.89%. She said the total prescription spend increased by 15% which was due to the increase in Specialty medication utilization and the increase in total claims.

Ms. Randazzo reviewed information showing top drug classes broken down by number of utilizing members, prescription count, member paid, and plan paid amounts, in comparison to 2020. The top drug classes by the amount the plan paid were for diabetes, skin conditions, inflammatory conditions, cancer, asthma, and hypertension. The total Specialty drug prescription count was 1,275 and the total paid by the Plan for Specialty drugs was \$7,889,947.

In response to Ms. Earle, Mr. Mastrangelo said there are four classes of drugs: Tier 1 – Generic; Tier 2 – Preferred; Tier 3 – Non-Preferred; and Tier 4 – Specialty.

Ms. Randazzo concluded her presentation with mention of the Clinical Optimization Program and said approximately 400 targeted medications in a variety of drug classes have been identified that have equivalent lower-cost alternatives available.

Ms. Dowd said there has been pushback on the Consortium from putting in programs to help manage the cost of prescription drug claims, and this is mostly due to groups being involved in collective bargaining. She suggested the Clinical Optimization Program may be something this Committee would want to better understand and discuss whether it should be considered by the Consortium as it does drive down costs.

Ms. Earle said members who have switched from the Classic Blue or PPO Plan have a lower copay than those who have the Platinum Plan and particularly for Tier 3 drugs. She said a suggestion was made to her by a TC3 employee to have the tier costs on the insurance card as a reminder to subscribers and members.

Mr. Shattuck said he is a long-time diabetic and said his insulin was switched last year and how care is managed for Novolog versus Humalog is different. Ms. Dempsey explained that although two medications can be considered therapeutically equivalent there are some people who react differently to medications. Novolog is still covered; however, it is at a different copay than the Humalog. She will send information to Ms. Rodrigues to share with Mr. Shattuck on a manufacturer assistance card that is available.

A question was raised by Ms. Michell Nunn relating to mail order costs and an experience she had where mail order was more costly than retail. Information will be shared with ProAct and they will look into this to ensure prescriptions are being processed correctly.

Financial Update

Mr. Spenard reported on financial results through March 31st and said premium income is slightly below budget; however, a prescription drug rebate should be received in June. With regard to expenses, medical and prescription drug claims are below budget. He said new member claims are starting to mature; these will be watched and anything concerning will be reported to the Committee.

Wellness

Ms. Rodrigues reported there was a very large increase in participants in the Blue4You clinics due to members moving to the Platinum Plan and incentives by the City of Ithaca and Tompkins County. She reported on an upcoming Hiking Challenge and encouraged members to get employees to participate. She spoke of the Consortium participating in upcoming community events and asked for feedback on the Consortium having a team participate in the September 10 Alzheimer's Association Walk. There was consensus in moving forward and promoting this.

Next Agenda Topics

At the next meeting in May the Committee will review the Actuarial Value Calculator for 2022.

Adjournment

The meeting adjourned at 3:30 p.m.