



## Greater Tompkins County Municipal Health Insurance Consortium

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

### Executive Committee Agenda

July 7, 2021 - 3:30 p.m.

**Ithaca Town Hall Aurora Room/Zoom**  
**(see website for established satellite locations)**

- 1) Call to Order (3:30)
- 2) Changes to the Agenda
- 3) Approval of Minutes: May 5, 2021
- 4) Chair's Report (3:35) J. Drake
  - a. Strategic Planning Discussion
  - b. Committee Poll
- 5) Executive Director's Report (3:45) E. Dowd
  - a. Executive Director Report
    1. **Resolution No.** Ratification of Provisional Appointment of Benefits Specialist – Kylie Rodrigues
  - b. Board Meeting Planning
  - c. Update on Executive Director Goals and Objectives
  - d. PBM RFP Update
  - e. Prescription Drug Claims Auditing
- 6) Preliminary 2022 Budget Discussion (4:45) E. Dowd/Apalovich
- 7) Committee Reports/Resolutions: (4:00)
  - a. Operations L. Holmes
  - b. Joint Committee on Plan Structure and Design J. Bower
  - c. Nominations and Engagement E. Fairbrother
  - d. Claims and Appeals B. Shattuck
  - e. Audit and Finance M. Cook
- 8) Financial Update (4:30) S. Locey/R. Snyder
  - a. Financial Review
  - b. Report on large loss claim activity
  - c. Accounts Receivable
  - d. Expenditure Report
- 9) Future Agenda Topics:
  - a. Premium Payment Policy
- 9) Adjournment (5:15)

**Next Meeting: September 1, 2021**

**Executive Committee  
Minutes – DRAFT  
May 5, 2021 – 3:30 p.m.  
Via Zoom**

Members: Judy Drake, Peter Salton, Steve Thayer, Rordan Hart, Lisa Holmes, Ed Fairbrother;  
Gary Mutchler, Chris Wagner, Bud Shattuck, Mack Cook  
Excused: Jim Bower, Joint Committee on Plan Structure and Design Chair  
Guests: Steve Locey, Rob Spenard, Locey & Cahill; Don Barber, Consultant; Rick Snyder,  
Treasurer; Directors: Donna Dawson, Village of Horseheads; Corey Prashaw, ProAct  
Staff: Elin Dowd, Executive Director; Michelle Cocco, Clerk of the Board; Teri Apalovich,  
Finance Manager

**Call to Order**

Ms. Drake, Chair, called the meeting to order at 3:30 p.m.

**Changes to the Agenda**

There were no changes to the agenda.

**Approval of Minutes of March 3, 2021**

It was MOVED by Mr. Wagner, seconded by Mr. Fairbrother, and unanimously adopted by voice vote by members present, to approve the minutes of March 3, 2021 as corrected. MINUTES APPROVED.

**Chair's Report**

Ms. Drake reported efforts are underway to fill a vacancy on the Audit and Finance Committee that is a result of Jason Molino leaving his position with Tompkins County. She thanked Ms. Holmes for continuing in her role with the Consortium.

Ms. Drake stated she would like to move forward with a strategic planning process and to begin by working on the Consortium's Vision as that is the aspect that tells the future of the Consortium, what we want to create, and what we are aspiring to be. This will help the Executive Director with her goals and objectives and also should tell the Board operationally how the Consortium will get there. She said it is difficult for the Executive Director to know where to go without having a good vision of what the Board wants. Another reason it is helpful to have a strategic plan is that it keeps the Board from becoming too involved in the operations. Ms. Drake acknowledged the challenges that exist while meetings are not taking place in-person; however, she and Ms. Dowd would like to get input from members of Consortium committees and will begin a process of getting feedback from committee members.

Ms. Dowd said other tools and resources are going to be used to gather information about what the Consortium can do as an organization, what it does well, what it can do better, and setting a vision for the future. Also, rather than looking at claims trending and trend analysis, a look will be taken at risk analysis, demographics, and how the Plan has been paying. The purpose of this is to look at what areas should be given thought to in general about how health coverage and the health plan should look in the future. This also includes looking at providers and the provider network to make sure the Consortium is continuing to meet the needs of its members and whether any changes should be made to the Plan.

Ms. Dowd provided an example of how this work is strategic planning. If it was found that there was a large diabetic population and a determination made that the Consortium's plans were not meeting the needs of its population it would likely want to look at how the plans could better meet members' needs in the future. Ms. Dowd said this information and strategy would also go towards planning for the Consortium's growth and recruitment of new members. Mr. Cook expressed support for this work and spoke of a consortium he was previously involved in that didn't do this type of strategic planning and said that consortium ultimately failed.

In response to a question by Ms. Drake as to whether Locey and Cahill is aware of other consortiums doing strategic planning, Mr. Locey said other consortiums they work with haven't done this type of planning. However, they are facing common issues and challenges, such as dealing with the Medicare population and he thinks doing this type of strategic planning is a sound practice and will recommend other groups undertake a process to do this as well.

Mr. Shattuck spoke of how the Consortium will communicate after the pandemic and with a larger geographic region. Mr. Hart commented that there is nothing that would prohibit members to meet in person to work on this type of thing and doing a hybrid model of an in-person/virtual meeting is an option. He further commented that the Tompkins County Council of Governments is working on a request to the State Legislature to amend Open Meetings Law to allow for hybrid-type meetings.

Members were supportive of gathering ideas with Mr. Salton stating he prefers that the majority of this work be done in-person.

Ms. Dowd responded to a question from Ms. Holmes and said while it will be looked at, it is too early in the process to look at working with an outside consultant. She encouraged members to submit suggestions and information on consulting resources that can be used going forward. Mr. Salton said he thinks it will be very hard to know where to go in the future without knowing where the Consortium has been. He believes there are many committee members who are not familiar with where the Consortium has been and how it started and thinks it will be important to know that context and apply it going forward. Ms. Dowd clarified that the Consortium's existing consultants will be involved and part of the strategic planning process.

### **Executive Director Report**

Ms. Dowd reported on items that were not specifically contained within the written report submitted to the Committee, noting the draft Premium Payment Policy will not be discussed at this meeting as the new Finance Manager has only been on-board for a short time and there are questions that need to be resolved before moving forward. She reported the annual financial audit and the annual financial filing (Jurat) are both complete and have been filed with the Department of Financial Services (DFS). The first quarter 2021 filing will be complete and submitted next week. Ms. Dowd reported she will be preparing an annual report that will be complete and distributed by June 1.

Ms. Dowd reported she has been working on new member presentations and has received some preliminary interest. She will be reaching out to some of the personal connections she has been provided and encouraged members to provide her with additional contacts. With regard to the Certificate of Authority request that was submitted six months ago to DFS to allow the Consortium to operate in the 16-County region, she recently received acknowledgement of the request and a response that DFS is continuing to consider it. She is making connections with various government representatives to try to expedite approval by DFS as she has already received inquiries from municipalities within the expanded region and would like to move those forward.

Ms. Dowd reported on feedback received on her goals and objectives and will to continue to update members on the status of those. She provided an update on the Request for Proposals for Prescription Benefits Manager and said the RFP closed on April 9<sup>th</sup> and there were several organizations that submitted a proposal. The Operations Committee will begin reviewing responses at its meeting on May 24<sup>th</sup> with a goal of having a contract in place on January 1, 2022.

Staffing Update

Ms. Dowd introduced Teri Apalovich, Finance Manager, and said she has been working with Tompkins County Finance on a process to slowly take over financial responsibilities.

**RESOLUTION NO. 004 - 2021 – RATIFICATION OF PROVISIONAL APPOINTMENT OF FINANCE MANAGER – TERI APALOVICH**

MOVED by Mr. Wagner, seconded by Mr. Mutchler, and unanimously adopted by voice vote by members present.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) created the Finance Manager position by Resolution No. 035 on December 17, 2020, and

WHEREAS, the Selection Committee has determined that Teri Apalovich possesses the necessary knowledge and skills to satisfactorily perform the duties of the Finance Manager position, and

WHEREAS, Teri Apalovich has been provisionally appointed by the GTCMHIC's Executive Director based on a full-time schedule of 40 hours per week, at an annual salary of \$70,000 effective March 29, 2021 with full time benefits, now therefore be it

RESOLVED, That the Executive Committee hereby ratifies the Executive Director's provisional appointment of Teri Apalovich as Finance Manager, effective March 29, 2021, pending results of the Civil Service exam for said position.

\* \* \* \* \*

Budget Approval Process

Ms. Dowd reported on the 2022 budget process, stating the Board is expected to adopt the Budget at its September 23 meeting following a review of the initial draft on August 26<sup>th</sup>. In June and July the Audit and Finance Committee will work on the draft budget with a report back to this Committee at its next meeting in July.

Mr. Shattuck asked if it is known when Excellus might provide information on when numbers may go up as a result of the pandemic. Ms. Dowd responded that Cayuga Medical Center has contracts in place with Excellus for a ten-year period; therefore, in general, the Consortium will not price gouging. She thinks where increases will be seen is from areas where care has been put off and for things that should have been diagnosed and cared for at an early stage; noting where conditions are being diagnosed and cared for at a later stage is usually more expensive. Mr. Locey agreed and said two areas the Consortium may see some cost increase and compression is in hospital and out-patient facilities operating on a more extended schedule and catching up on procedures that may have been put off during the pandemic. He agreed with Ms. Dowd's comments about increased costs as a result of delayed care. He said Locey and Cahill has seen some claims expenses increase in April and will be keeping a close eye on May and June.

### **Report from the Audit and Finance Committee**

Mr. Cook, Chair, reported the Committee met in April and accepted the 2020 audited financial statements from Insero & Co. The result was a reasonable growth in the fund balance, slightly in excess of \$800,000 which is net of the one-month premium holiday. He reported the Jurat was once again filed in a timely manner and expressed his appreciation to Mr. Snyder for his work on this. The Committee will be looking at the compression and what the impact will be of an uptick of elective surgeries, coupled with the overlap of the pandemic continuing on. He said work has been done to isolate the impact of Covid-related expenses on premiums and said it has been significant. He and Mr. Locey have been looking at the impact Covid has had on premiums and whether his would be eligible as a qualified reimbursement or use of Covid relief money. Mr. Cook said he is expecting the Consortium will see a continued increase in prescription drug costs to the plan.

### **Report from the Operations Committee**

Ms. Holmes, Chair, reported the Committee last met on March 22<sup>nd</sup> and received a lot of updates from Ms. Dowd, including the status of the RFP for Pharmacy Benefits Manager. The Committee will begin the review process at its May 24<sup>th</sup> meeting. The Committee also received a staffing update and reviewed policies that have recently been considered.

### **Report from the Joint Committee on Plan Structure and Design**

Ms. Dowd reported on behalf of Mr. Bower and said at the last meeting the Committee spent time going over the ProAct Utilization Report.

She referenced Mr. Cook's comments as to where prescription drug costs are heading and said the Consortium is specifically seeing higher costs with Specialty drugs. Mr. Prashaw said he expects this to continue to be an issue and although there are programs in place that are designed to offset the cost of these drugs, there are limitations New York State has put into place. Mr. Locey commented that in 2020 there was a 6% decrease in the total number of drugs utilized by the plan; however, the total cost went up by 24% and the cost per prescription went up by approximately 32%.

Ms. Dowd reported the Joint Committee continues to work on supporting the Consortium's wellness program; the focus this month will be on mental health as it is National Mental Health Awareness Month. The Committee reappointed Mr. Bower as Chair and elected Ian Tompkins to fill a vacant Labor seat on the Board of Directors.

### **Report from the Nominations and Engagement Committee**

Mr. Fairbrother, Chair, reported the Committee had a great meeting with input from Ms. Dowd and Mr. Barber relative to work going forward.

Ms. Dowd reported the Committee is looking at how we might want to engage the Board during in different agenda items and will be soliciting feedback. In addition, the Committee continues to talk about how to engage other members who aren't on Consortium committees and whether there should be term limits. She said although this is being discussed, the Committee has not yet made a recommendation on this.

### **Report from the Claims and Appeals Committee**

Mr. Shattuck, Chair, reported the Committee will hold an organizational meeting on May 10<sup>th</sup> and will talk about process and making it easier on members and staff.

## **Financial Update**

Mr. Locey provided an update on financial results and reported income is 1% over budget through March 31<sup>st</sup>; no prescription drug rebates have been received for 2021. As the Consortium starts to expand into a larger geographic area Locey and Cahill will be making sure there is a good understanding what medical costs are in other region as it will be important to not get into a position of bringing in others that will alter current members' costs. Mr. Locey said on the budget side the biggest expense is medical claims; these were 18.78% below budget and prescription drug costs were 1.18% below. Overall, claims are 13.8% (\$1.9 million) below budget. In terms of expense distribution, \$.94 of each dollar is going towards the payment of claims.

### **Large Loss Report**

Mr. Locey reported the Consortium had no claimants pierce the \$1 million deductible level in 2020 and no one went over the \$.5 million range that wasn't a lasered deductible. The result was that the Consortium did not pay anything out of the Catastrophic Claims Reserve. He spoke of the loss ratio relative to stop loss insurance and said the Consortium is only at a 46% loss ratio which is very low. He called attention to Covid-related expenses as mentioned earlier by Mr. Cook and said the amount through February 2 was \$2.1 million; this will continue to be updated and presented to the Committee. Mr. Locey noted that any diagnosis information has been truncated from the report.

Ms. Drake called attention to a high cost claimant report stating that one claimant had minimal medical expenses; however, had a prescription drug expense total of close to \$5 million. Mr. Locey said while he hopes the medications are effectively treating illness or injury, the cost of prescription drugs for six claimants represented approximately \$1 million in expense.

### **Aging Summary**

Mr. Locey reviewed the premium receivables and said there is a very low dollar amount outstanding in comparison to previous reports.

### **Jurat Review**

Mr. Snyder reviewed the process for making Jurat entries and how input reconciles with the audited financial report, noting there are multiple players in the process, including the Actuary, Bonadio & Co., Locey and Cahill, Insero & Co., and the Tompkins County Finance Office.

## **Next Meeting Agenda**

The following items will be included on the next agenda:

- Update on Executive Director Goals and Objectives
- Preliminary 2022 Budget Discussion
- Update on Prescription Drug Management Request for Proposals
- Strategic Planning for Executive Committee/Board of Directors
- Premium Payment Policy (likely moved to September meeting)

## **Executive Director Comment**

Ms. Dowd reported there have been a lot of new laws coming in to play about sharing information and additional information on what the cost of specific procedure should cost. Some of these changes are slated for the future, but changes to what is required on ID cards is immediate. Information will be going out to benefit clerks, including information that goes on identification cards with the first cards going out on June 1<sup>st</sup>. The Village of Cayuga Heights will be adding a new group and will now have full participation from all collective bargaining units in the Village. As a result of

Executive Committee  
May 5, 2021

this change, they will get their cards first. Any new hires will also get the new identification cards and the remainder of members will get new cards in January 1, 2022. Proact is continuing to discuss whether they will be issuing new cards.

**Adjournment**

The meeting adjourned at 5:08 p.m.

## Executive Director Report June 2021

### Staffing

I am so excited to welcome Kylie Rodrigues to the GTCMHIC team. Kylie is our new Benefits Specialist and will be spending her time working with Benefit Clerks to help with their Consortium needs, especially problem resolution. In addition, Kylie will be building our wellness program and working on how to effectively communicate with our members and subscribers.

I am very excited about the strength of our team. Teri Apalovich is taking on several new responsibilities lessening our reliance on outside resources. Michelle Cocco continues to be a trusted and reliable asset. Most recently Michelle is working on understanding how we can serve all our members while respecting a return to traditional open meetings law. I anticipate being able to spend more time on building relationships with our membership, working on strategic initiatives and continuing to build my knowledge of plan development and program review.

### Audit and Finance Committee

The first draft of the 2022 Budget was presented at the June meeting to see how a 5% increase would work to fulfill claims needs, fund reserves, and meet our other budget requests. Obviously, our claims data is immature in June with less than half the year reported. Therefore, Steve Locey will continue to monitor that situation and provide feedback on our trends relative to our plan and the market.

Don Barber continues to research if there is a significant overlap in the HRCA tax created by the Health Care Reform Act of 1996 and the Distressed Provider Assistance Account. Our concern is that local governments are being taxed twice, whereas all other users of the health care system are taxed once. Assembly member Kelles has connected us with legislative counsel to help sort out the differences in each tax and if there is any concern related to dual taxation.

Mack Cook continues to lead efforts to determine the level premiums paid in 2020 and 2021 that might be included in the funding provided by the American Rescue Act. He will report additional information at the next AFC meeting.

### Operations Committee - PBM RFP

The Operations Committee has reviewed eight competitive Pharmacy Benefit Manager proposals and has narrowed the candidates down to four based on responses to our initial request. Next, the Committee will review the overall cost of each program and interview candidates on level of service in several areas including customer service, network, access to care, formulary, and the prior authorization process. We are still on track to decide on a new agreement mid-year with an expected commencement to the new agreement by January 1, 2022. Locey & Cahill are working hard to make sure we have the information necessary to review candidates appropriately.

### Nominations and Engagement Committee

The Nominations and Engagement Committee supported sending out a Board survey and we had about a 60% return rate. The responses gave us the following insight to how to keep Board members engaged:

- We are effectively communicating and sharing information at an appropriate level.
- Board members wish to continue meeting through a hybrid model that involves both in person and on-line meetings.
- The August meeting should focus on overall plan knowledge and budget information.



Executive Director Report  
June 2021

- The Newsletter is being read and the feedback on content is positive.
- There are new members that are willing to serve on committees and in new roles.

The Nominations Committee continues to review the appropriateness of term limits and how we would apply them to our current structure. In addition, they are working on filing committee slots and confirming continued involvement of others in leadership roles.

#### Claims and Appeals Committee

The Claims and Appeals Committee is continuing to meet to review the BMI Excellus Claims Audit. A final meeting with Excellus was held to review unresolved claims issues. Results of that meeting will be shared at the July meeting and the audit should be reviewed for closure at that time.

#### The Joint Committee on Plan Structure and Design

At the last Joint Committee on Plan Structure and Design Kelly Lasher, Nora Putnam, Jason Warchal, and Dr. Harris from Excellus presented the Consortium's 2020 Annual Utilization Report of claims incurred January 1, 2020 and paid through March 31, 2021. A copy of the full report is available on the Consortium's website at: [http://healthconsortium.net/sites/default/files/Financials/2020/2020%20Greater%20Tompkins%20Consortium%20Annual%20Report%20\(2020\)%2020210603%20Final%20.pdf](http://healthconsortium.net/sites/default/files/Financials/2020/2020%20Greater%20Tompkins%20Consortium%20Annual%20Report%20(2020)%2020210603%20Final%20.pdf)

Highlights from the report are as follows:

- During the year 2020, enrolment has increased by 3% while services were 6% lower. Plan Costs were 2% higher than the prior period.
- Through the end of April 2021 there were 934 members that were fully vaccinated, including 42 members that had the single dose vaccine.
- High Claimants increased from 28 to 32 and high claimant costs accounted for 21% of Plan Costs in 2020. Previously, high claimants had accounted for 19% of plan costs.
- Eight of the top ten claimants are forecasted to have claims over \$50K in 2021.
- MDLive (telemedicine) registration and utilization has increased. Both acute and behavioral health visits were higher in 2020 than in the prior year.
- Emergency Room utilization for low acuity visits has decreased and is comparable to the comparison trend.
- Depression & Anxiety was the top prevalent condition in 2020, representing 26% of the population.

The Joint committee has supported the activities and information shared through our wellness program. Information has been sent out regarding May Mental Health Awareness Month and June's Employee Wellness Challenge.

#### New Member Presentations

I had a meeting with the Deputy Director of the NYS Department of Financial Services Health Department to discuss our Certificate of Authority application. Alice McKenney has asked that our application be pushed up for review and we hope to hear back by mid- July on our approval.

In the meantime, new member recruiting continues with interest from Seneca Falls, Throop, and Locke. Other municipalities in our area of expected growth have also been in contact with me to advance their application when we receive approval.

*Respectfully submitted by Elin R. Dowd, Executive Director, June 30, 2021.*

Executive Director Goals and Objectives	Progress	Date of Completion	Comments
<b>Respond to new momentum to move from traditional Indemnity and PPO Plans to Metal Level Plans</b>			
<ul style="list-style-type: none"> <li>Analyze overall effect on the Consortium and future premiums</li> <li>Review necessary changes to continue rate stabilization goals and objectives</li> <li>Recommend changes through committee process and secure support</li> </ul>			
<b>Effective outreach to labor representatives and state legislators</b>	In progress		Currently working with Senator Seward on crafting a plan on dual tax
<ul style="list-style-type: none"> <li>Work with Board, committees, and consultants to determine message we want to communicate</li> <li>Prepare communication plan and necessary support materials</li> <li>Execute plan with Board and Consultant support</li> </ul>			Working with Anna Kelles office on dual taxation and open meetings
<b>Prepare for COVID 19 Backlash</b>			
<ul style="list-style-type: none"> <li>Remain aware of any market reactions to health care costs and delivery due to pandemic</li> <li>Review current costs to Consortium</li> <li>Anticipate market changes in planning process</li> <li>React swiftly while maintaining vision of organization</li> </ul>	In progress		Currently reporting COVID data on montly AFC reports and working to determine ARA related data.
			Under review with budget process
			Have not observed any significant movement
<b>Establish infrastructure and supporting practices and processes to sustain growth in membership</b>	In progress		
<ul style="list-style-type: none"> <li>Support new organizational structure to transition from Board of Director to Executive Committee Governance model</li> <li>Continue to keep Board members engaged in Consortium activities</li> <li>Approval of Certificate of Authority in 19 counties</li> <li>Evaluate resources necessary for growth</li> <li>Determine marketing plan and expected growth levels</li> <li>Work with Operations Committee to articulate what an inclusive, diverse, and equitable organization we desire to be and begin executing a plan to meet our goals.</li> </ul>			Work in progress but mometum is gaining with operating under this new
			nations and engagement continues to find ways to engage committee members through committee
			Spoke with Alice McKenny, Deputy Director Health Department and hope to have
			Ongoing process
			Have a press release in draft form
			Exploeing resources to utilize to achieve this goal
<b>Secure New Agreement with Pharmacy Benefit Manager and Maintain CanaRx Relationship</b>	In progress		Bids received, to be reviewed with Operations Committee May 24th.
<ul style="list-style-type: none"> <li>Create RFP</li> <li>Request bids</li> <li>Review and recommend new PBM agreement</li> <li>Determine transition plan, if necessary</li> <li>Execute new contract for 1/1/2022 start date</li> </ul>			Complete
			Complete
			EC to review potential candidates in July
<b>Execute approved staffing plan and transition responsibilities to new positions</b>			
<ul style="list-style-type: none"> <li>Recruit and hire finance manager and benefit clerk</li> <li>Transition responsibility for invoicing, member updates, budgeting, and financial reporting to Consortium</li> <li>Provide additional member support on problem resolution</li> <li>Expand wellness program</li> <li>Establish templates that can be easily populated with new information as needed</li> </ul>	Done		Finance Manager hired, Benefit Specialist expected start date of
	Done		
<b>Establish templates for new members and current members to review all plan options</b>	Complete		Locey & Cahill have provided the necessary information to make this a reality for 2022 recruiting
<ul style="list-style-type: none"> <li>Understand information needed to make decisions</li> <li>Work with partners to establish templates</li> </ul>			
<b>Work with Executive Committee on Establishing a Strategic Planning Process</b>	Under review		
<ul style="list-style-type: none"> <li>Determine expected outcomes</li> <li>Explore resources needed including outside consultants</li> <li>Set timeline to start formal process</li> </ul>			
<b>Determine how and when to launch RFP process for Investment Manager</b>	In progress		Teri Apalovich is starting this process
<ul style="list-style-type: none"> <li>Secure expectations of Audit and Finance Committee and Executive Committee</li> <li>Work with Operations Committee on process to commence</li> <li>Mentor Finance Manager on RFP Process</li> <li>Launch RFP process and secure data necessary for decision to be made by Board of Directors</li> </ul>			
<b>Additional Communication Goals</b>			
<ul style="list-style-type: none"> <li>Continue to build relationship with DFS</li> <li>Create formal correspondence to members on premium increases</li> <li>Ongoing Board outreach to keep Board members involved</li> </ul>	In progress		See above, new relationship with Deputy Director McKennedy
			Ongoing
<b>Locey and Cahill Projects</b>			
<ul style="list-style-type: none"> <li>PBM RFP</li> <li>Plan Comparison Templates</li> <li>Analyze overall effect to the organization with recent and expected migration from traditional plans to metal level plans</li> <li>COVID market adjustments to premiums for next year</li> <li>Support with assembly and state presentations</li> <li>Support with labor representative presentations</li> </ul>	In progress		
	Done		
	In progress		
<b>Barber Projects</b>			
<ul style="list-style-type: none"> <li>Continue Newsletter</li> <li>Work with Nominations on Board engagement</li> <li>New member support</li> <li>Support with assembly and state presentations</li> </ul>	In progress		
	In progress		
	In progress		Leadership in HCRA project



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### **RESOLUTION NO. - 2021 – RATIFICATION OF PROVISIONAL APPOINTMENT OF BENEFITS SPECIALIST – KYLIE RODRIGUES**

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) created the Benefits Specialist position by Resolution No. 035 on December 17, 2020, and

WHEREAS, the Selection Committee has determined that Kylie Rodrigues possesses the necessary knowledge and skills to satisfactorily perform the duties of the Benefits Specialist position, and

WHEREAS, Kylie Rodrigues has been provisionally appointed by the GTCMHIC's Executive Director based on a full-time schedule of 37.5 hours per week, at the hourly rate of \$28.00 effective June 28, 2021 with full-time benefits, now therefore be it

RESOLVED, That the Executive Committee hereby ratifies the Executive Director's provisional appointment of Kylie Rodrigues as Benefits Specialist, effective June 28, 2021, pending results of the Civil Service exam for said position.

\* \* \* \* \*



# 2021 Fiscal Year Budget Performance Report As of May 31, 2021

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# Section 1

## 2021 Fiscal Year-to-Date Income Budget vs Actual Results

# 2021 Income Budget vs Actual (05/31/2021)

## Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2021 Budget Performance Analysis

Results as of: 5/31/2021  
# of Months: 5

Includes Income Codes 6000 & 6010

	2021 Adopted Budget	2021 Revised Budget	2021 Year-to-Date	2021 Actual Results	Variance	% Difference
<b>Income</b>						
Medical and Rx Plan Premiums *	\$55,875,290.81	\$55,002,327.38	\$22,917,636.41	\$22,449,454.85	-\$468,181.56	-2.04%
9020 Interest	\$45,534.44	\$45,534.44	\$18,972.68	\$18,991.49	\$18.81	0.10%
9010 Rx Rebates	\$1,400,000.00	\$1,700,000.00	\$425,000.00	\$515,127.53	\$90,127.53	21.21%
9040 Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00		
9035 Finance Charge Income	\$0.00	\$5,463.46	\$2,276.44	\$0.00	-\$2,276.44	n/a
9030 Other	\$5,463.64	\$0.00	\$0.00	\$0.00		
<b>Total Income</b>	<b>\$57,326,288.89</b>	<b>\$56,753,325.28</b>	<b>\$23,363,885.53</b>	<b>\$22,983,573.87</b>	<b>-\$380,311.66</b>	<b>-1.63%</b>

### Key Facts:

1. Premium Income was **2.04% below** budget for the first 5-months of the fiscal period. Based on our preliminary analysis, the following factors should have resulted in a lower than expected premium :
  - a. There has been some additional movement of covered members from traditional Indemnity and PPO Plans to the Consortium's Platinum PPO Plan. This movement results in a lower overall premium base, but also lowers claims costs.
  - b. The County of Tompkins moved all Medicare-aged retirees into the Consortium's Medicare Supplement Plan (MS4)

# 2021 Income Budget vs Actual (05/31/2021)

## Key Facts (continued):

- c. The number of contracts insured by the Consortium increased by 3.46% and the number of covered lives grew by only 0.93%. The disparity in this number is primarily due to the County's move to the Consortium's Medicare Supplement Plan for their Medicare-aged retirees and their spouses.

*Monthly Average Covered Lives by Fiscal Year*

<i>Year</i>	<i>Member</i>	<i>Spouse</i>	<i>Dependent</i>	<i>Total lives</i>
2011	1,995	1,056	1,348	4,400
2012	2,004	1,058	1,386	4,448
2013	2,281	1,228	1,567	5,077
2014	2,269	1,188	1,556	5,012
2015	2,301	1,173	1,546	5,021
2016	2,322	1,186	1,555	5,063
2017	2,397	1,208	1,567	5,172
2018	2,439	1,216	1,546	5,201
2019	2,867	1,436	1,867	6,170
2020	2,943	1,456	1,875	6,274
2021	3,044	1,415	1,873	6,332

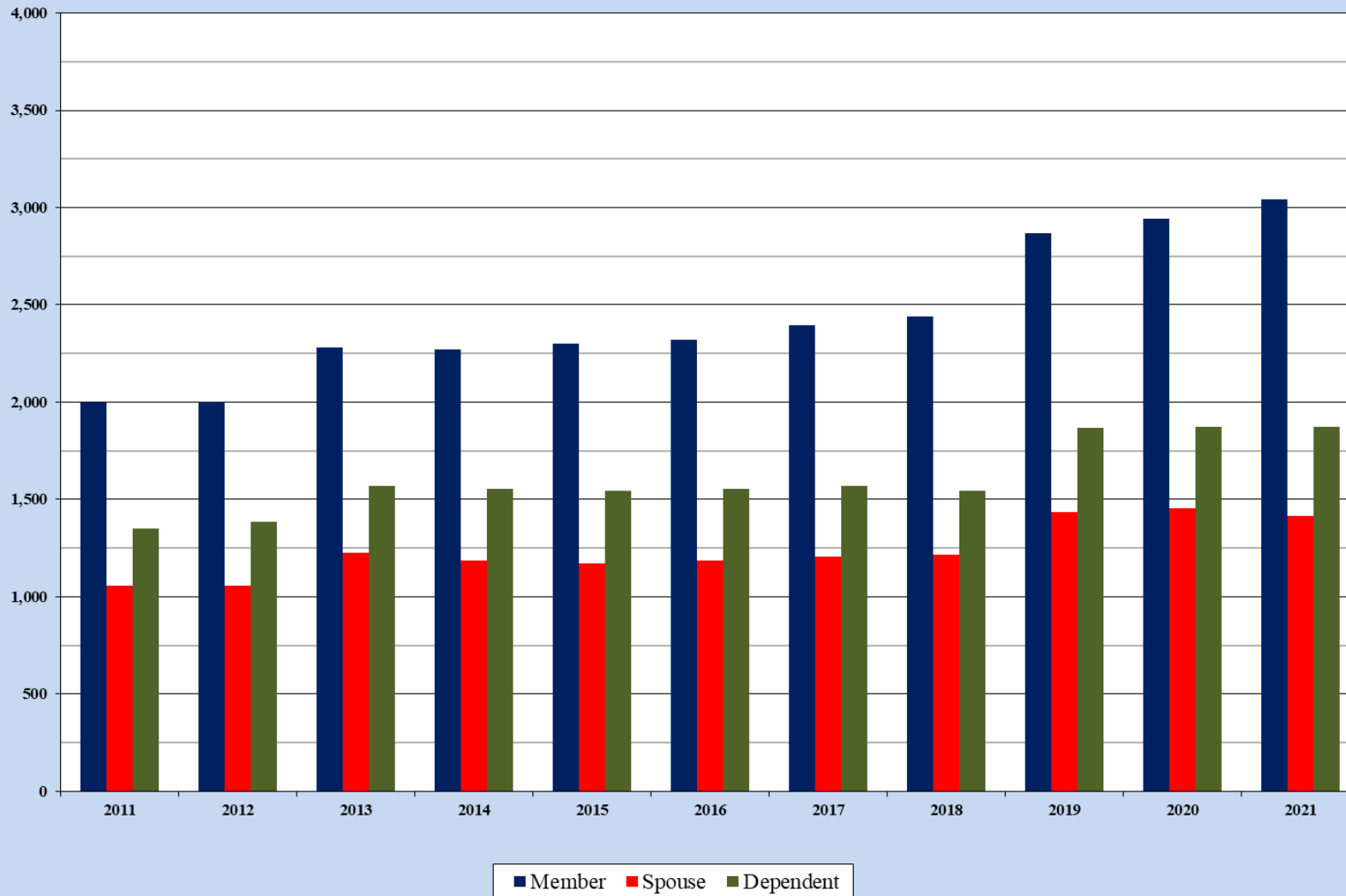
*Monthly Average Contract Count by Fiscal Year*

<i>Year</i>	<i>Family Contracts</i>	<i>Individual Contracts</i>	<i>Total Contracts</i>	<i>Avg. # of Lives Per Contract</i>	<i>Avg. # of Lives Per Family</i>
2011	1,172	824	1,995	2.205	3.053
2012	1,182	822	2,004	2.220	3.068
2013	1,375	907	2,281	2.225	3.033
2014	1,329	939	2,269	2.209	3.064
2015	1,317	984	2,301	2.182	3.065
2016	1,322	999	2,322	2.181	3.073
2017	1,340	1,058	2,397	2.157	3.071
2018	1,343	1,096	2,439	2.133	3.057
2019	1,586	1,281	2,867	2.152	3.082
2020	1,600	1,342	2,943	2.132	3.082
2021	1,561	1,483	3,044	2.080	3.106

\* Member = Employee, Retiree, or COBRA Contract Holder

# Greater Tompkins County Municipal Health Insurance Consortium

Average Monthly Covered Lives by Relationship  
2011 to 2021 (as of May 31, 2021)





# 2021 Income Budget vs Actual (05/31/2021)

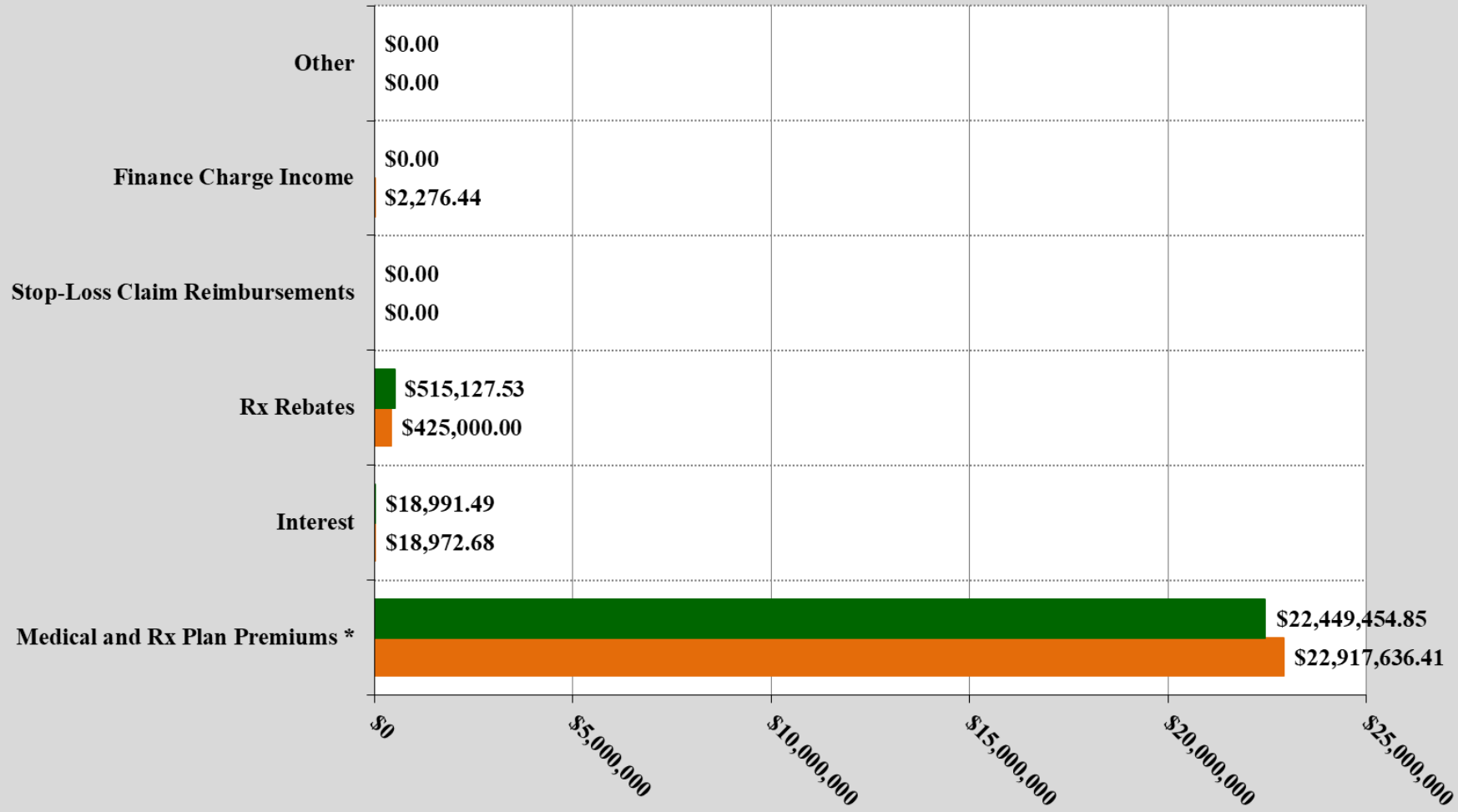
## Key Facts (continued):

2. The Consortium invests in notes/bonds which are held to maturity, but record gains and/or losses on a monthly basis (“mark to market”). It should be noted that with interest rates falling dramatically during the COVID-19 pandemic, the Consortium’s budget was greatly reduced relative to expected interest earnings for the 2021 Fiscal Year. The Interest Income to date, although down from previous years, is close to projected levels.
3. The Consortium received a payment of \$515,127.53 in March which represented the 3<sup>rd</sup> Quarter Rebate Payment for the 2020 Plan Year and the 1<sup>st</sup> Quarterly payment received for the 2021 Fiscal Year.
4. The Consortium did not receive any reimbursements for claims which exceeded the Specific Stop-Loss Insurance Deductible of \$1 million. To date, there have been no claims in excess of \$1,000,000 for this year or the previous year.
5. There was nothing recorded in Finance Charge Income and there were no receipts recorded in the “Other” income category as of May 31<sup>st</sup>. Even when the Consortium does register some miscellaneous income, the impact is negligible at best and has very little effect on the overall net position of the Consortium.

# Greater Tompkins County Municipal Health Ins. Consortium

## 2021 Income Distribution

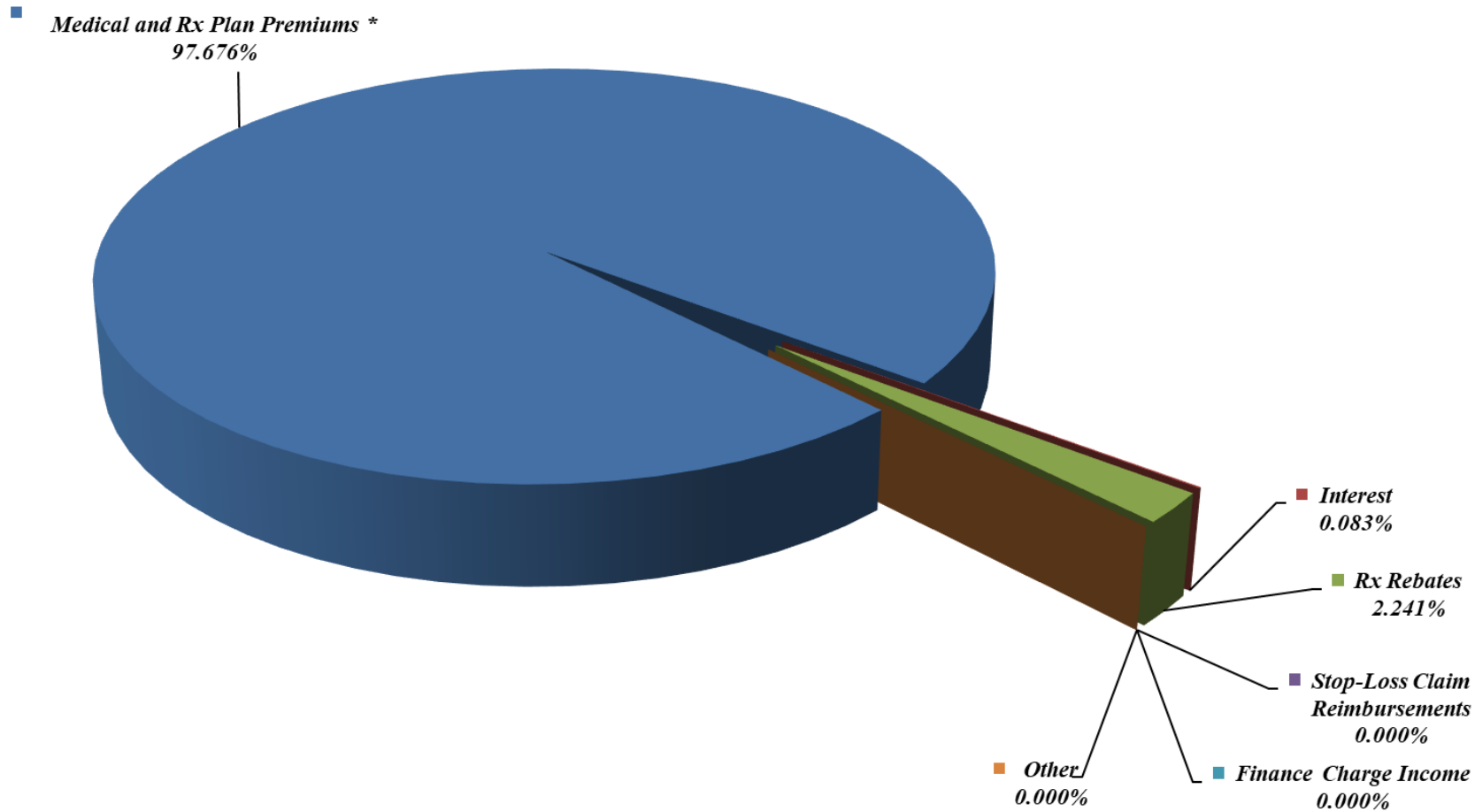
January 1, 2021 to May 31, 2021



■ 2021 Actual Income ■ 2021 Budgeted Amounts

# Greater Tompkins County Municipal Health Ins. Consortium

2021 Income Distribution  
January 1, 2021 to May 31, 2021



■ Medical and Rx Plan Premiums \* ■ Interest ■ Rx Rebates ■ Stop-Loss Claim Reimbursements ■ Finance Charge Income ■ Other



# Section 2

2021 Fiscal Year-to-Date  
Expense Budget vs Actual Results

# 2021 Expense Budget vs Actual Results (05/31/2021)

Includes Expense Codes 8081, 8082, & 8083

Balance Sheet Item 3500

		2021	2021	2021	2021	Variance	% Difference
		Adopted Budget	Revised Budget	Year-to-Date	Actual Results		
<b>Expenses</b>							
8090	Medical Paid Claims	\$39,058,334.44	\$38,838,424.24	\$16,182,676.77	\$15,588,720.33	-\$593,956.44	-3.67%
	Advance Deposit / Pre-Paid Claims	\$109,150.71	\$109,150.71	\$0.00	\$0.00		
8120	Rx Paid Claims - ProAct	\$15,355,131.00	\$15,355,131.00	\$6,397,971.25	\$6,459,808.15	\$61,836.90	0.97%
8121	Rx Paid Claims - CanaRx	\$150,108.45	\$150,108.45	\$62,545.19	\$56,816.50	-\$5,728.69	-9.16%
8084	Flu Clinic Fees	\$15,000.00	\$15,000.00	\$6,250.00	\$0.00	-\$6,250.00	-100.00%
8050	Medical Admin Fees	\$1,440,535.40	\$1,477,304.64	\$615,543.60	\$610,090.28	-\$5,453.32	-0.89%
	Rx Admin Fees	\$200,930.34	\$200,930.34	\$83,720.98	\$88,498.17	\$4,777.19	5.71%
8091	NYS Covered Lives Assessment	\$373,317.01	\$373,317.01	\$155,548.75	\$144,384.20	-\$11,164.55	-7.18%
9060	ACA PCORI Fee	\$17,987.06	\$17,987.06	\$0.00	\$0.00		
8110	Specific Stop-Loss Insurance (Actual)	\$302,450.00	\$273,000.00	\$113,750.00	\$110,358.37	-\$3,391.63	-2.98%
8000	Accounting Fees	\$25,750.00	\$25,750.00	\$10,729.17	\$12,800.00	\$2,070.83	19.30%
8010	Actuarial Fees	\$53,045.00	\$15,000.00	\$6,250.00	\$8,500.00	\$2,250.00	36.00%
8020	Audit Fees (Financial)	\$13,390.00	\$13,390.00	\$13,390.00	\$14,000.00	\$610.00	4.56%
8021	Audit Fees (Claims)	\$41,200.00	\$41,200.00	\$17,166.67	\$20,750.00	\$3,583.33	20.87%
8055	Consultant Fees (Barber)	\$25,000.00	\$20,000.00	\$8,333.33	\$5,200.00	-\$3,133.33	-37.60%
8030	Consultant Fees (L&C)	\$90,176.50	\$90,176.50	\$37,573.54	\$37,075.00	-\$498.54	-1.33%
8070	Legal Fees	\$12,360.00	\$12,360.00	\$5,150.00	\$1,320.00	-\$3,830.00	-74.37%
8065	Wellness Program Costs	\$25,000.00	\$25,000.00	\$10,416.67	\$1,077.89	-\$9,338.78	-89.65%
66001	Executive Director (Salary)	\$94,760.00	\$93,636.00	\$39,015.00	\$39,615.18	\$600.18	1.54%
66002	Fringe Benefits	\$67,980.00	\$110,374.87	\$45,989.53	\$20,397.42	-\$25,592.11	-55.65%
66003	Clerk of the Board (Salary)	\$37,080.00	\$72,134.40	\$30,056.00	\$30,266.97	\$210.97	0.70%
66004	Admin/Comp Asst (Salary)	\$52,530.00	\$0.00	\$0.00	\$0.00		
66005	Benefits Specialist (Salary)	\$41,250.00	\$43,680.00	\$18,200.00	\$0.00	-\$18,200.00	n/a
66006	Finance Manager (Salary)	\$0.00	\$73,000.00	\$30,416.67	\$10,769.20	-\$19,647.47	-64.59%
8060	Insurances (D&O / Prof. Liability)	\$48,070.00	\$50,850.00	\$21,187.50	\$21,078.31	-\$109.19	-0.52%
8041	Internal Coordination (Finance)	\$80,000.00	\$68,660.00	\$28,608.33	\$29,453.61	\$845.28	2.95%
8042	Internal Coordination (Support)	\$0.00	\$0.00	\$0.00	\$0.00		
8040	Internal Coordination Fees (Other)	\$0.00	\$0.00	\$0.00	\$0.00		
8045	Internal Coordination (Town of Ithaca)	\$7,210.00	\$7,210.00	\$3,004.17	\$2,500.00	-\$504.17	-16.78%
8044	Internal Coordination (IT Support)	\$11,845.00	\$11,845.00	\$4,935.42	\$6,295.00	\$1,359.58	27.55%
9065	Marketing Expenses	\$2,500.00	\$2,500.00	\$1,041.67	\$0.00	-\$1,041.67	-100.00%
9055	Investment Management Services	\$26,780.00	\$14,000.00	\$5,833.33	\$6,433.95	\$600.62	10.30%
8150	Supplies Expense	\$2,500.00	\$2,500.00	\$1,041.67	\$501.64	-\$540.03	-51.84%
8151	Computer Equipment	\$5,150.00	\$5,150.00	\$2,145.83	\$2,118.28	-\$27.55	-1.28%
8152	Lease Expense / Parking Fees	\$9,500.00	\$9,500.00	\$3,958.33	\$3,714.85	-\$243.48	-6.15%
8153	Mileage- Travel Expenses	\$1,000.00	\$1,000.00	\$416.67	\$0.00	-\$416.67	-100.00%
9060	Other Expenses / Supplies	\$10,927.27	\$10,927.27	\$4,553.03	\$3,480.43	-\$1,072.60	-23.56%
<b>Total Expenses</b>		<b>\$57,807,948.19</b>	<b>\$57,630,197.49</b>	<b>\$23,967,419.05</b>	<b>\$23,336,023.73</b>	<b>-\$631,395.32</b>	<b>-2.63%</b>

# 2021 Expense Budget vs Actual Results (05/31/2021)

	<i>2021 Adopted Budget</i>	<i>2021 Revised Budget</i>	<i>2021 Year-to-Date</i>	<i>2021 Actual Results</i>	<i>Variance</i>	<i>% Difference</i>
<b>Expenses</b>						
<b>Paid Claims</b>	\$54,687,724.60	\$54,467,814.40	\$22,649,443.21	\$22,105,344.98	-\$544,098.22	-2.40%
<b>Claims Admin. Fees</b>	\$1,641,465.74	\$1,678,234.98	\$699,264.58	\$698,588.45	-\$676.13	-0.10%
<b>Stop-Loss</b>	\$302,450.00	\$273,000.00	\$113,750.00	\$110,358.37	-\$3,391.63	-2.98%
<b>Taxes and Fees</b>	\$391,304.07	\$391,304.07	\$155,548.75	\$144,384.20	-\$11,164.55	-7.18%
<b>Professional Services</b>	\$285,921.50	\$242,876.50	\$109,009.38	\$100,722.89	-\$8,286.49	-7.60%
<b>Insurance/Internal Fees</b>	\$499,082.27	\$576,967.54	\$240,403.14	\$176,624.84	-\$63,778.30	-26.53%
<b>Total Expenses</b>	<b>\$57,807,948.19</b>	<b>\$57,630,197.49</b>	<b>\$23,967,419.05</b>	<b>\$23,336,023.73</b>	<b>-\$631,395.32</b>	<b>-2.63%</b>
<b>Net Income</b>	<b>-\$481,659.30</b>	<b>-\$876,872.21</b>	<b>-\$603,533.52</b>	<b>-\$352,449.86</b>	<b>\$251,083.66</b>	

The above provides an “easier to read” summary version of the expense data for the Consortium through May 31, 2021. As you will note, the paid claims which collectively include medical, prescription drug, CanaRx, Flu Clinic and any pre-paid claims account for 94.73% of the total expenses of the Consortium through the first 5-months of 2021. We show the overall paid claims and advance deposit (pre-payment of claims) to be 2.4% below budget for the 2021 Fiscal Year-to-Date.

# 2021 Expense Budget vs Actual Results (05/31/2021)

## Key Facts:

1. Over the past several months, we have worked with the Consortium's Executive Director and Financial Team to allocate budgeted funds into their correct expense line-item based on their code. This was done to provide a more detailed and accurate summary of the internal and external professional support costs. In addition, we updated some of the budget numbers based on the addition of new members and changes in enrollment by existing members.
2. Being only five (5) months into the fiscal period many of the expense items are well below budget. Some items are an annual expense and have not been billed to the Consortium. We anticipate these items will be more in line with the budget as the Consortium works its way through the fiscal year.
3. For new members added to the Consortium, we did not anticipate their paid claims being mature until the 3<sup>rd</sup> month or so as the "run-out" claims (claims incurred on or before December 31, 2020) are the responsibility of their prior insurance carrier.



# 2021 Expense Budget vs Actual Results (05/31/2021)

## Key Facts:

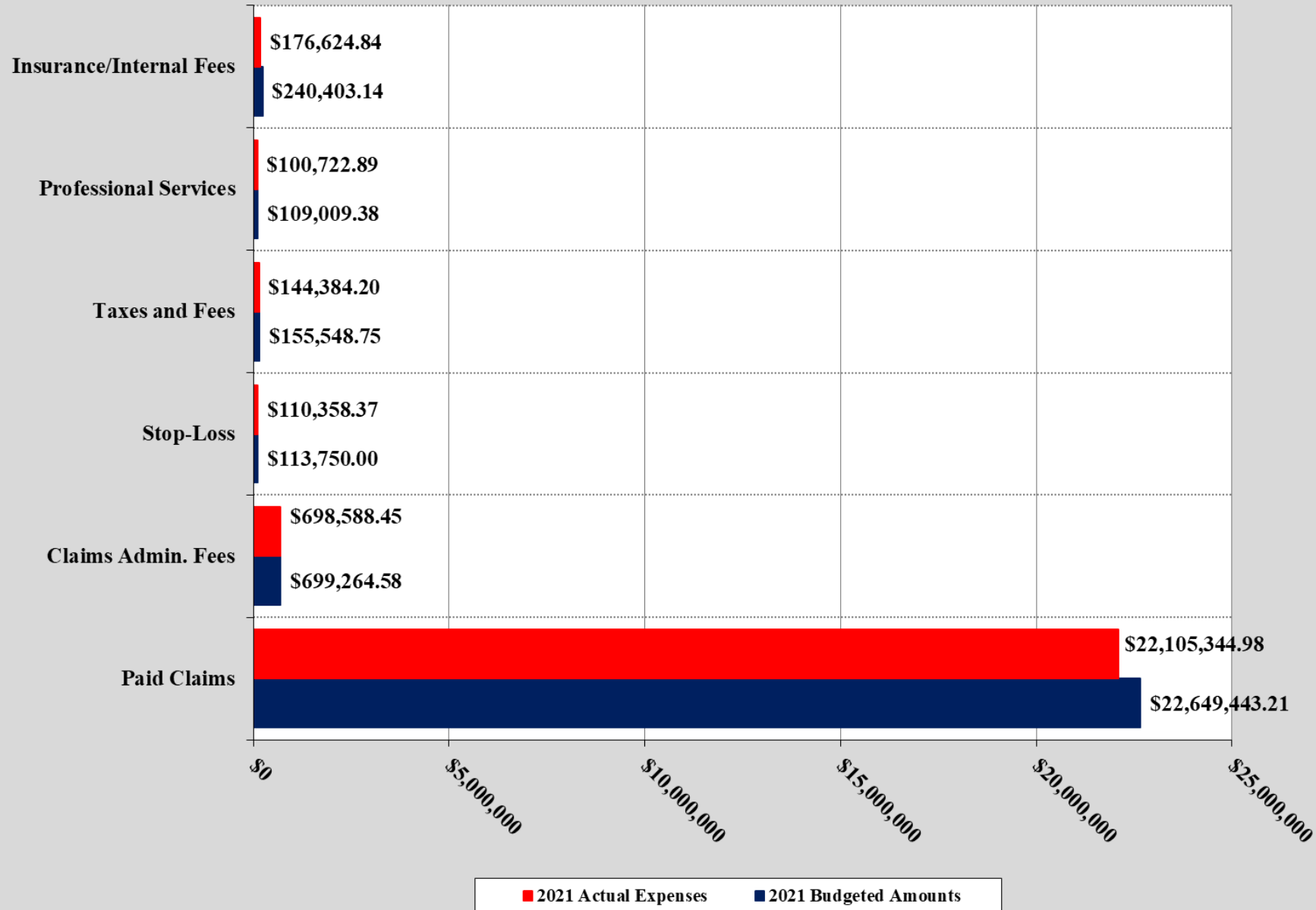
5. Medical Paid Claims in the first 5-months were **3.67% below the projected budget** for the year and this is the result of:
  - a) An increase in the covered lives ( $\uparrow 0.93\%$ ) and in the number of contracts ( $\uparrow 3.46\%$ ) skews the early 2021 medical paid claims due to the “run-in lag”.
  - b) Increased member participation in lower cost health insurance plans, like the Platinum Plan and the Medicare Supplement Plan by several employer groups.
  - c) A substantial decrease in elective and/or minor medical procedures being performed as a result of the impact of the COVID-19 pandemic on the medical community.
6. Rx Paid Claims were **0.97% above budget** for the first 5-months of the 2021 Fiscal Year. As we stated last year, we were keeping a close eye on the pharmacy paid claims trend which led to adjustments to our trend models during the budget development process for the 2021 Fiscal Year. It should be noted that based on our analysis, the recent pandemic did not substantively change the cost of pharmaceutical claims and therefore we do not believe any prior deviation from the trend was related to COVID-19.



# Greater Tompkins County Municipal Health Ins. Consortium

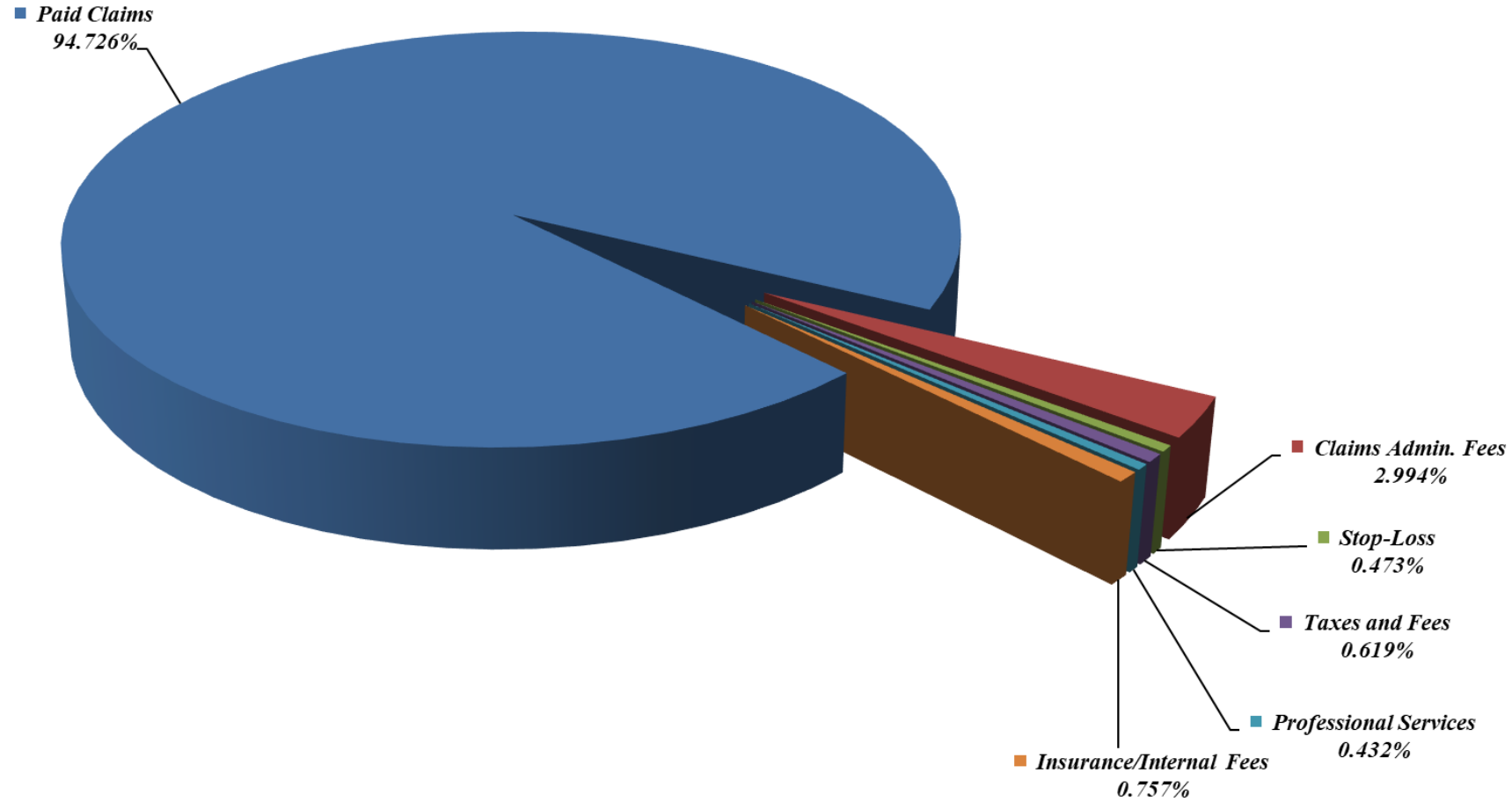
## 2021 Expense Distribution

January 1, 2021 to May 31, 2021



# Greater Tompkins County Municipal Health Ins. Consortium

2021 Expense Distribution  
January 1, 2021 to May 31, 2021

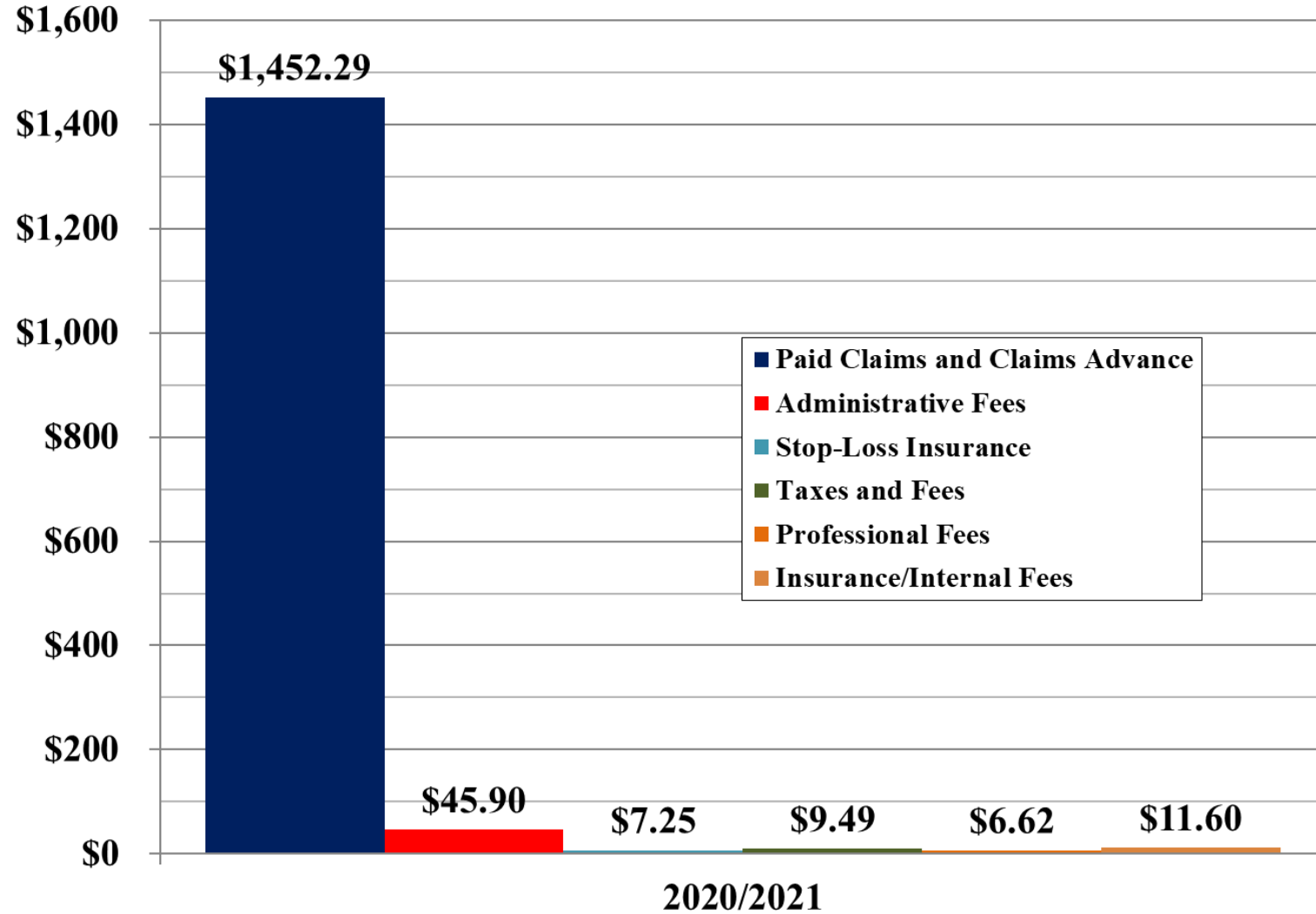


■ Paid Claims ■ Claims Admin. Fees ■ Stop-Loss ■ Taxes and Fees ■ Professional Services ■ Insurance/Internal Fees

# Greater Tompkins County Municipal Health Insurance Consortium

2021 Expense Distribution Per Contract Per Month

January 1, 2021 to May 31, 2021



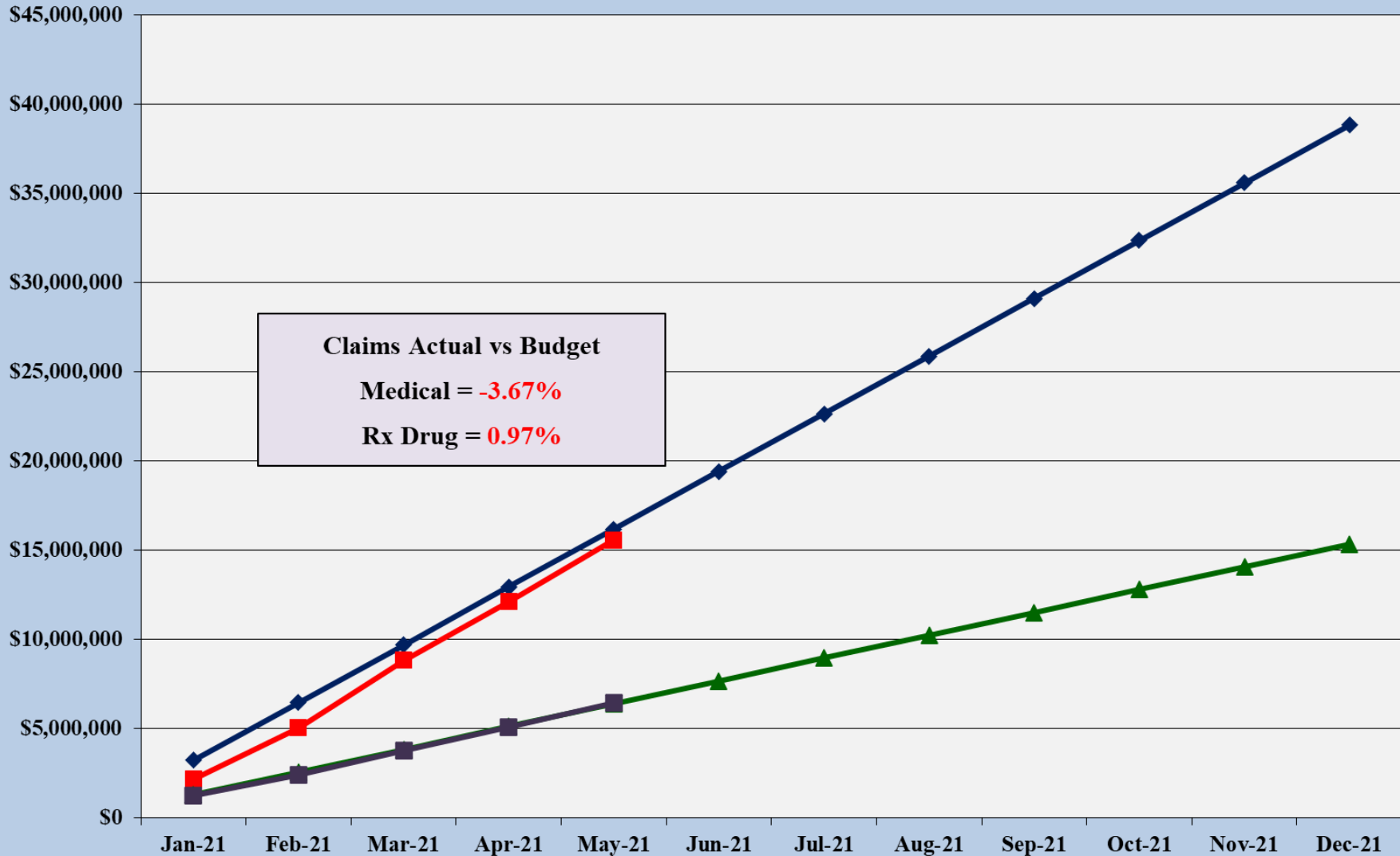


# Section 3

2021 Fiscal Year-to-Date  
Paid Claims Budget vs Actual Results

# *Greater Tompkins County Municipal Health Insurance Consortium*

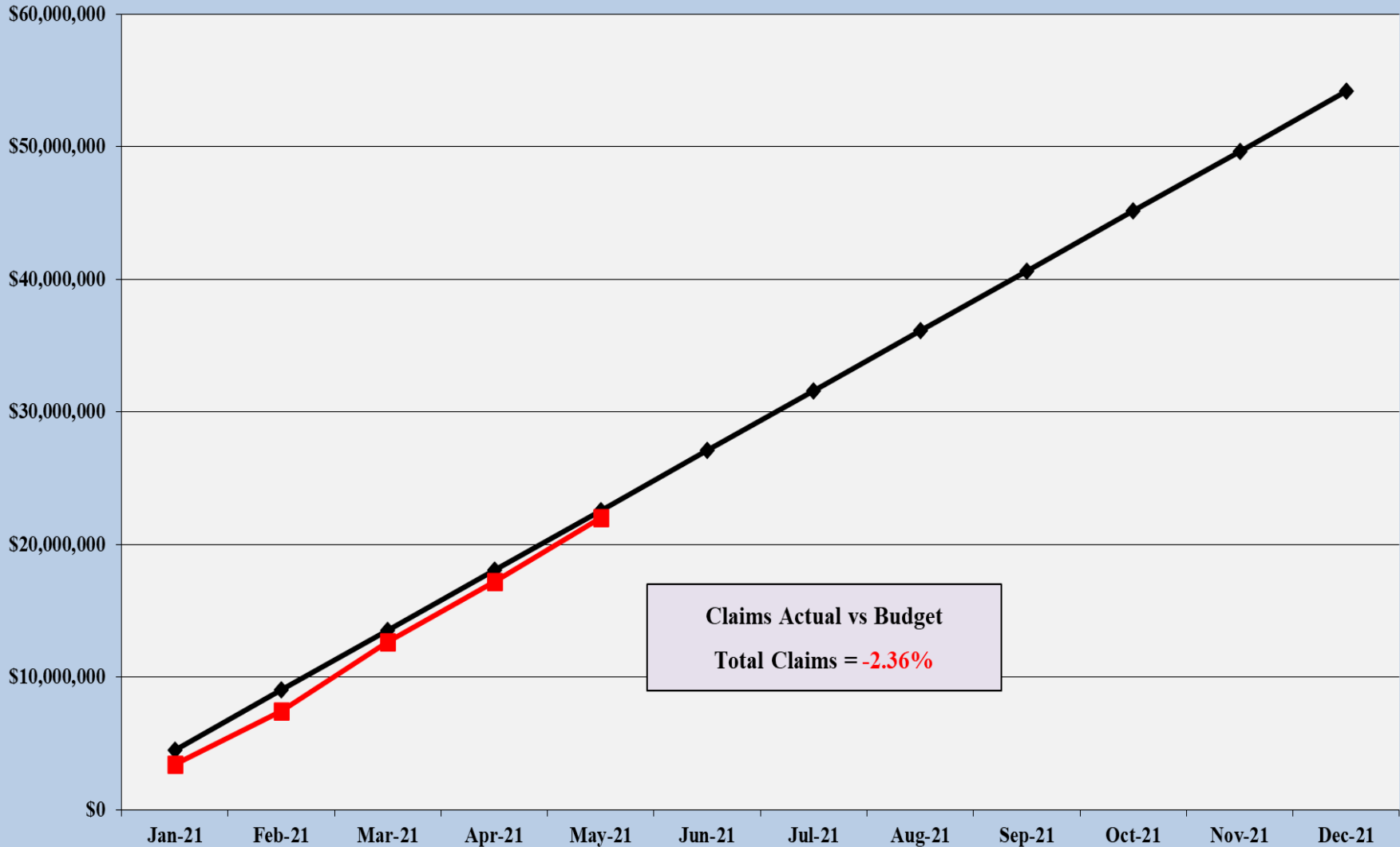
## 2021 Cumulative Paid Claims and Budgeted Claims by Month



◆ Medical Plan Budgeted Claims  
 ■ Medical Plan Actual Paid Claims  
 ▲ Rx Plan Budgeted Claims  
 ■ Rx Paid Claims

# Greater Tompkins County Municipal Health Insurance Consortium

## 2021 Cumulative Paid Claims and Budgeted Claims by Month

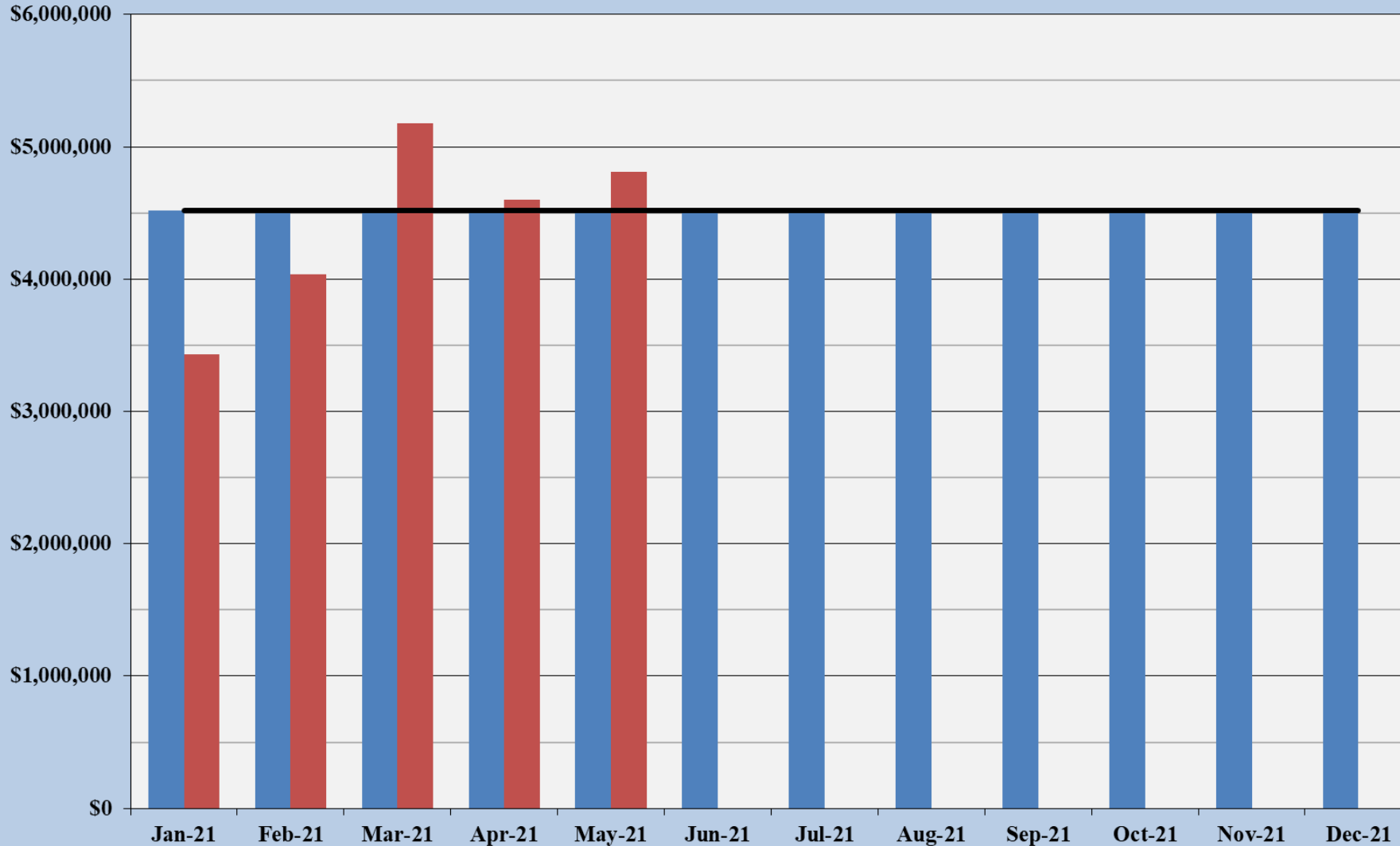


Claims Actual vs Budget  
Total Claims = **-2.36%**

◆ Budgeted Claims    ■ Actual Paid Claims

# Greater Tompkins County Municipal Health Insurance Consortium

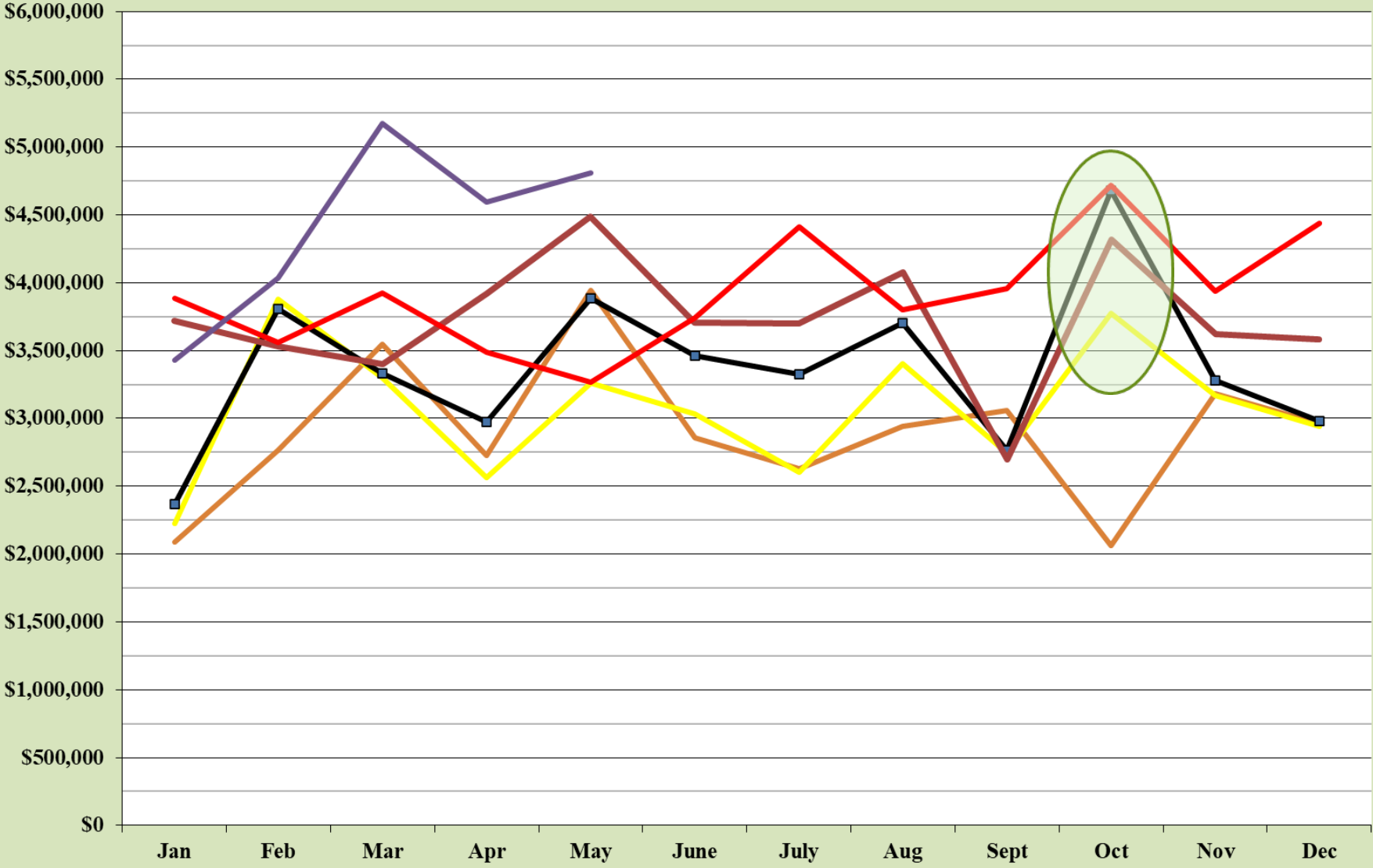
2021 Budgeted vs Actual Paid Claims by Month



Legend: Budgeted Claims (blue bar), Actual Paid Claims (red bar), Linear (Budgeted Claims) (black line)

# Greater Tompkins County Municipal Health Ins Consortium

## 2016-2021 Monthly Paid Claims by Fiscal Year

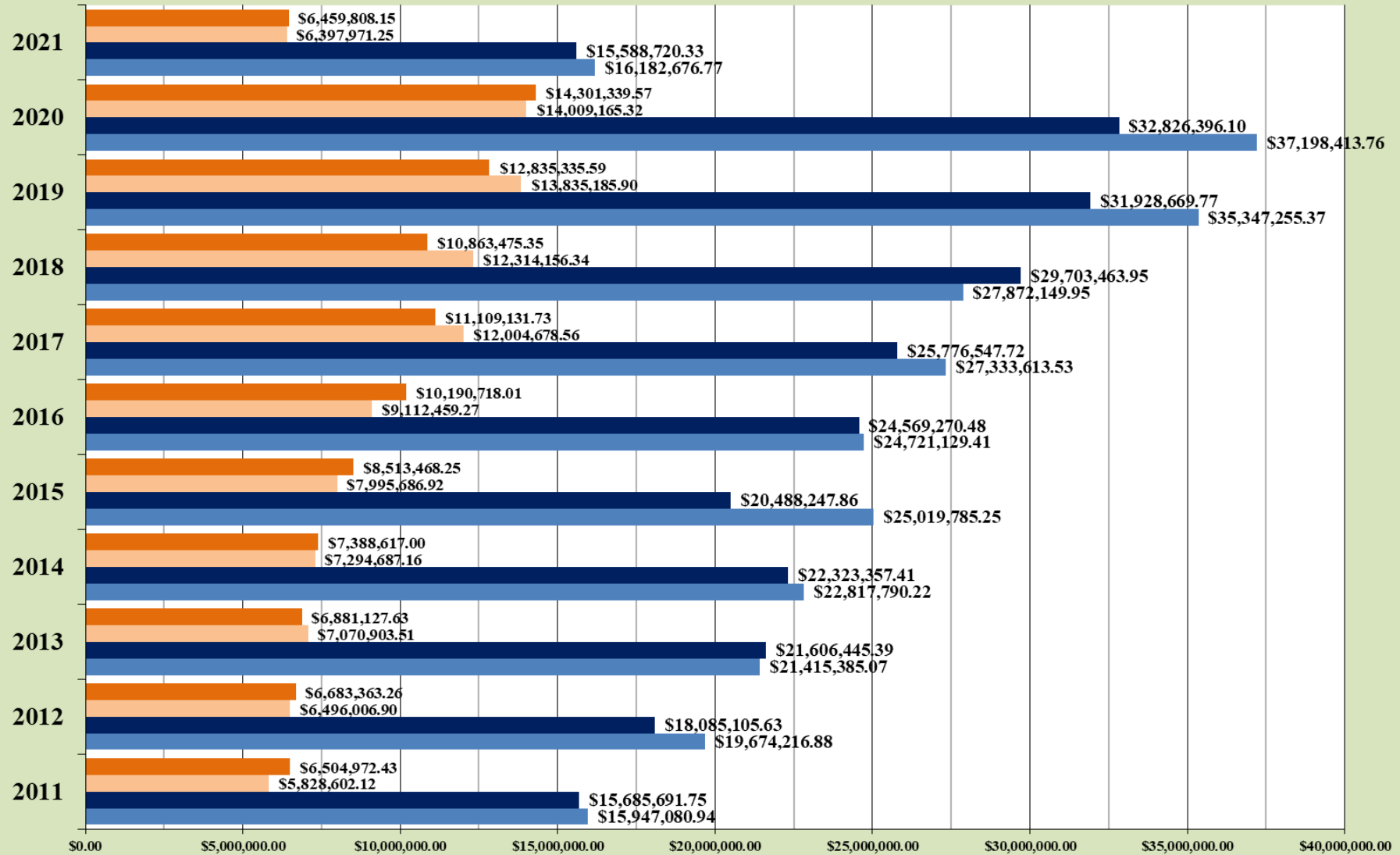


— 2016   
 — 2017   
 —■— 2018   
 — 2019   
 — 2020   
 — 2021



# Greater Tompkins County Municipal Health Ins Consortium

## 2011-2021 (as of 05/31/2021) Annual Paid Claims v Budgeted Claims

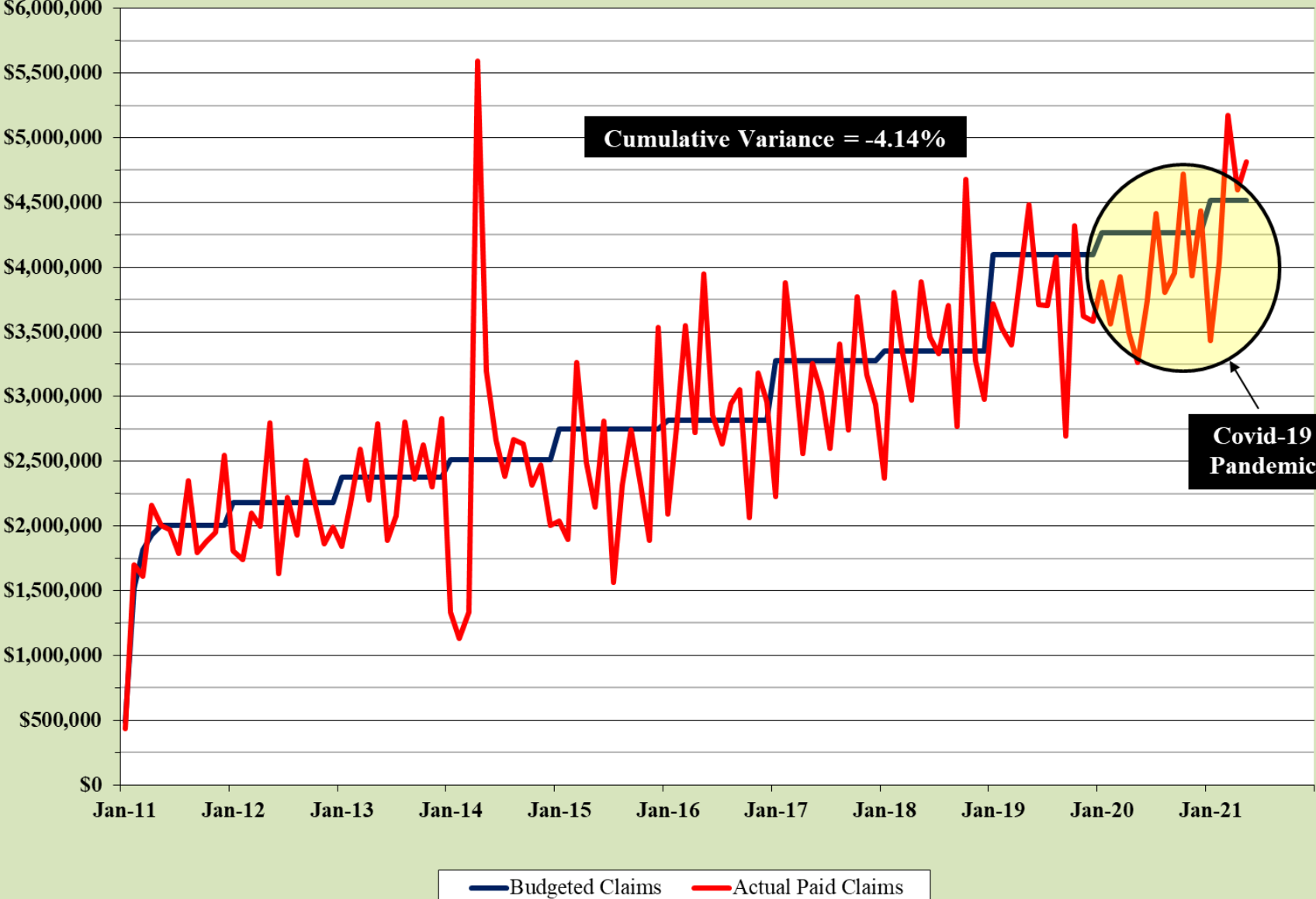


■ Actual Rx Claims   
 ■ Budgeted Rx Claims   
 ■ Actual Medical Claims   
 ■ Budgeted Medical Claims

# Greater Tompkins County Municipal Health Ins Consortium

## 2011-2021 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to May 31, 2021



**MEDICAL  
CLAIM**  
**APPROVED**



# Section 4

High-Cost Claimants  
Catastrophic Self-Insurance Pool

# Large Loss and Catastrophic Claims History

## Greater Tompkins County Municipal Health Insurance Consortium

Large Loss and Catastrophic Claims History (as of May 31, 2021)

Fiscal Year	Specific Stop-Loss Deductible	Number of Covered Lives	# of Claimants with Claims >\$100,000	# of Claimants with Claims >\$200,000	# of Claimants with Claims >\$300,000	# of Claimants with Claims >\$400,000	# of Claimants with Claims >\$500,000	Total Large Loss Claims Paid	Claim Dollars in Excess of Deductible	Stop-Loss Insurance Premium Paid
2011	\$250,000.00	4,400	13	3	1	0	0	\$2,357,898.22	\$146,063.45	\$384,392.52
2012	\$275,000.00	4,448	16	6	3	2	1	\$3,904,221.28	\$1,136,196.38	\$361,366.41
2013	\$300,000.00	5,077	22	7	4	1	0	\$4,079,308.91	\$292,967.64	\$592,381.65
2014	\$300,000.00	5,012	18	6	1	1	0	\$3,494,872.81	\$184,734.14	\$720,784.39
2015	\$400,000.00	5,021	23	2	1	1	1	\$3,722,006.77	\$125,880.36	\$642,080.30
2016	\$400,000.00	5,063	39	4	1	1	1	\$6,070,055.86	\$242,433.49	\$766,281.18
2017	\$450,000.00	5,172	24	12	1	1	0	\$3,057,208.40	\$8,294.21	\$738,819.42
2018	\$600,000.00	5,201	45	10	4	3	3	\$8,913,105.20	\$453,672.85	\$442,185.54
2019	\$600,000.00	6,174	46	14	3	2	1	\$8,874,919.83	\$29,295.28	\$693,190.30
2020	\$1,000,000.00	6,277	60	18	5	3	1	\$11,290,214.72	\$0.00	\$264,390.72
2021	\$1,000,000.00	6,332	16	2	0	0	0	\$2,425,035.10	\$0.00	\$110,358.37
<b>Totals</b>		<b>58,177</b>	<b>322</b>	<b>84</b>	<b>24</b>	<b>15</b>	<b>8</b>	<b>\$58,188,847.10</b>	<b>\$2,619,537.80</b>	<b>\$5,716,230.80</b>
<b>Averages</b>	<b>\$506,818.18</b>	<b>5,289</b>	<b>29.273</b>	<b>7.636</b>	<b>2.182</b>	<b>1.364</b>	<b>0.727</b>	<b>\$5,289,895.19</b>	<b>\$261,953.78</b>	<b>\$593,497.97</b>

**Overall Stop-Loss Insurance Loss Ratio (Paid Claims ÷ Premium) = 45.83%**

# Large Loss and Catastrophic Claims History

Fiscal Year	Specific Stop-Loss Deductible	Number of Covered Lives	Number of Large Loss Claimants	Large Loss Claimants % of Covered Lives	Stop-Loss Insurance Premium Paid	Total Large Loss Claims Paid	Annual Paid Claims Total	Large Loss Claims % of Total Claims	Catastrophic Claims Reserve	Catastrophic Reinsurance Pool Payments
2011	\$250,000.00	4,400	13	0.30%	\$384,392.52	\$2,357,898.22	\$22,190,664.18	10.63%	n/a	n/a
2012	\$275,000.00	4,448	16	0.36%	\$361,366.41	\$3,904,221.28	\$24,768,468.89	15.76%	n/a	n/a
2013	\$300,000.00	5,077	22	0.43%	\$592,381.65	\$4,079,308.91	\$28,487,573.02	14.32%	n/a	n/a
2014	\$300,000.00	5,012	18	0.36%	\$720,784.39	\$3,494,872.81	\$29,711,974.41	11.76%	\$600,000.00	n/a
2015	\$400,000.00	5,021	23	0.46%	\$642,080.30	\$3,722,006.77	\$29,001,716.11	12.83%	\$1,050,000.00	n/a
2016	\$400,000.00	5,063	39	0.77%	\$766,281.18	\$6,070,055.86	\$34,338,926.47	17.68%	\$1,050,000.00	n/a
2017	\$450,000.00	5,172	24	0.46%	\$738,819.42	\$3,057,208.40	\$36,885,679.45	8.29%	\$1,350,000.00	n/a
2018	\$600,000.00	5,201	45	0.87%	\$442,185.54	\$8,913,105.20	\$40,566,939.30	21.97%	\$2,000,000.00	n/a
2019	\$600,000.00	6,174	46	0.75%	\$693,190.30	\$8,874,919.83	\$44,764,005.36	19.83%	\$2,800,000.00	n/a
2020	\$1,000,000.00	6,277	60	0.96%	\$264,390.72	\$11,290,214.72	\$47,284,890.14	23.88%	\$4,500,000.00	\$0.00
2021	\$1,000,000.00	6,332	16	0.25%	\$110,358.37	\$2,425,035.10	\$22,105,344.98	10.97%	\$4,500,000.00	\$0.00
<b>Totals</b>		<b>58,177</b>	<b>322</b>	<b>0.55%</b>	<b>\$5,716,230.80</b>	<b>\$58,188,847.10</b>	<b>\$360,106,182.31</b>	<b>16.16%</b>		<b>\$0.00</b>
<b>Averages (2011-2021)</b>		<b>5,289</b>	<b>29</b>	<b>0.55%</b>	<b>\$519,657.35</b>	<b>\$5,289,895.19</b>	<b>\$32,736,925.66</b>	<b>16.16%</b>		

*Large Loss = Claims Paid Totaling \$100,000 or More for the Fiscal Year*

*Catastrophic Claims = Large Loss Claims in Excess of the Stop-Loss Insurance Deductible or Self-Insurance Threshold*

*Catastrophic Reinsurance Pool Payments = Covered Member's Claims which Exceed \$500,000 up to the Specific Stop-Loss Deductible.*

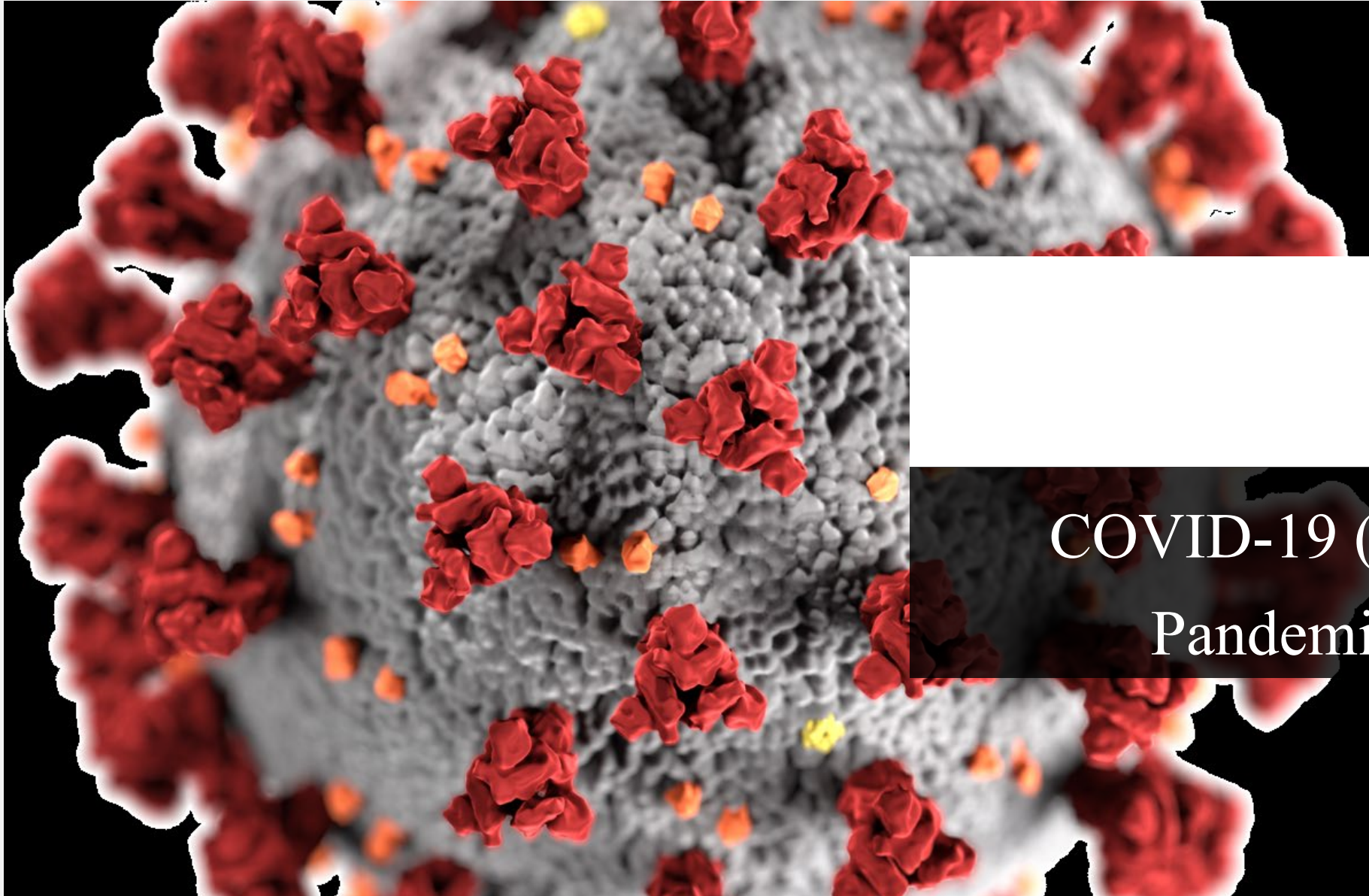
**On Average 0.55% of the Covered Lives Account for 16.16% of Paid Claims**

# Catastrophic Claims Self-Insurance Pool Activity

		2020 Fiscal Year	2021 Fiscal Year
Budgeted Premium	\$600,000 Deductible	\$762,505.96	\$876,881.85
Actual Premium Paid	\$1,000,000 Deductible	\$264,390.72	\$273,000.00
Premium Savings		\$498,115.23	\$603,881.85
Member #000001179452	Deductible	\$1,000,000.00	\$500,000.00
	Actual Claims Paid	\$798,499.59	
	Catastrophic Claims Pool	\$0.00	\$0.00
Member #	Deductible	\$500,000.00	\$500,000.00
	Actual Claims Paid		
	Catastrophic Claims Pool	\$0.00	\$0.00
Member #	Deductible	\$500,000.00	\$500,000.00
	Actual Claims Paid		
	Catastrophic Claims Pool	\$0.00	\$0.00
Member #	Deductible	\$500,000.00	\$500,000.00
	Actual Claims Paid		
	Catastrophic Claims Pool	\$0.00	\$0.00
Member #	Deductible	\$500,000.00	\$500,000.00
	Actual Claims Paid		
	Catastrophic Claims Pool	\$0.00	\$0.00
Net Impact on Fund Balance		\$498,115.23	\$603,881.85

The “Catastrophic Claims Self-Insurance Pool” was established by the Consortium’s Board of Directors prior to the start of the 2020 Fiscal Year to allow the Consortium to lower the cost of stop-loss insurance by raising the specific deductible and ultimately assuming more risk on an annual basis. To cover this risk, the Catastrophic Claims Reserve totaling \$4.5 million was converted to this “Pool”. In addition, each year the estimated premium variance between a \$600,000 specific deductible stop-loss insurance plan and a \$1 million specific deductible stop-loss insurance plan will be ceded into this “Pool” as part of the budget process. Lastly, any interest earned on this “Pool” will be credited to the “Pool” to help replenish funds when/if catastrophic claims are paid out of the “Pool”.





# Section 5

## COVID-19 (coronavirus) Pandemic Impact

# 2020-2021 COVID-19 Pandemic Impact

## Tompkins County Key Facts:

1. Tompkins County has approximately 103,000 residents.
2. According to the New York State Department of Health web-site, as of June 20<sup>th</sup>
  - a) There have been approximately 2,392,696 tests conducted of people in Tompkins County for the presence of COVID-19 (coronavirus).
  - b) There have been 4,351 Tompkins County residents who have tested positive for coronavirus which is 0.182% of the tested population and approximately 4.224% of the County's total population with 52 reported deaths amongst county residents.
3. The other Counties in the Consortium have the following results:

a) Cayuga	201,746 Tests Conducted	6,338 Positive Results (3.14%)
b) Cortland	180,763 Tests Conducted	3,929 Positive Results (2.17%)
c) Seneca	68,692 Tests Conducted	2,001 Positive Results (2.91%)
d) Tioga	114,768 Tests Conducted	3,836 Positive Results (3.34%)



# 2020-2021 COVID-19 Pandemic Impact

## Impact on the Greater Tompkins County Municipal Health Insurance Consortium

1. Paid claims in the short-term have been below budget. If we look at the monthly paid claims for the past two months, we see lower results due primarily to the delay or cancellation of minor and/or elective procedures:

Fiscal Year	Medical Claims		Rx Claims		Combined Paid Claims	
	Group Billed Amount	Member Paid Amount	Group Billed Amount	Member Paid Amount	Group Billed Amount	Member Paid Amount
2016	\$24,998,992.90	\$962,874.68	\$10,645,984.27	\$640,466.47	\$35,644,977.17	\$1,603,341.15
2017	\$26,235,020.36	\$1,065,840.07	\$11,079,834.05	\$664,302.99	\$37,314,854.41	\$1,730,143.06
2018	\$30,139,463.68	\$1,080,901.79	\$10,863,500.35	\$652,109.29	\$41,002,964.03	\$1,733,011.08
2019	\$28,483,790.87	\$1,182,457.28	\$12,839,601.51	\$744,713.47	\$41,323,392.38	\$1,927,170.75
2020	\$26,919,706.56	\$1,034,775.49	\$13,943,138.60	\$766,424.77	\$40,862,845.16	\$1,801,200.26
2021	\$13,534,635.42	\$545,645.02	\$6,459,412.05	\$395,900.48	\$19,994,047.47	\$941,545.50
<b>Totals</b>	<b>\$150,311,609.79</b>	<b>\$5,872,494.33</b>	<b>\$65,831,470.83</b>	<b>\$3,863,917.47</b>	<b>\$216,143,080.62</b>	<b>\$9,736,411.80</b>
	96.24%	3.76%	94.46%	5.54%	95.69%	4.31%

2019 Average Monthly Medical Claims	\$2,373,649.24
2020 First 3-Months Avg. Monthly Medical Claims	\$2,411,071.18
2020 Last 9-Months April to December Medical Claims	\$2,187,388.11
2021 1 <sup>st</sup> 5-months of Medical Claims	\$2,706,927.08

# 2020-2021 COVID-19 Medical Claims Costs

Date	Number of Contracts	Number of Members	Number of Tests	Number of Members Diagnosed	Inpatient Plan Cost	Outpatient Plan Cost	Physician Plan Cost	Other Plan Cost	Total Plan Cost
Jan-20	2,962	6,326	0	0	\$0.00	\$0.00	\$695.86	\$0.00	\$695.86
Feb-20	2,964	6,344	0	0	\$0.00	\$9,452.56	\$2,474.16	\$0.00	\$11,926.72
Mar-20	2,953	6,326	75	2	\$0.00	\$29,099.60	\$2,593.66	\$0.00	\$31,693.26
Apr-20	2,957	6,321	87	3	\$29,455.86	\$39,253.41	\$4,803.96	\$0.00	\$73,513.23
May-20	2,961	6,328	263	10	\$7,024.08	\$76,125.84	\$14,364.56	\$253.12	\$97,767.60
Jun-20	2,944	6,282	283	6	\$34,111.26	\$69,793.02	\$15,139.62	\$0.00	\$119,043.90
Jul-20	2,940	6,271	330	3	\$12,918.26	\$100,963.10	\$18,311.32	\$125.42	\$132,318.10
Aug-20	2,931	6,257	272	5	\$74,958.86	\$88,098.56	\$16,330.77	\$62.57	\$179,450.76
Sep-20	2,930	6,241	245	6	\$124,757.59	\$122,198.78	\$25,026.41	\$124.82	\$272,107.60
Oct-20	2,929	6,225	338	12	\$231,258.75	\$90,387.00	\$33,677.25	\$622.50	\$355,945.50
Nov-20	2,920	6,191	350	23	\$159,851.62	\$76,273.12	\$46,432.50	\$866.74	\$283,423.98
Dec-20	2,923	6,191	186	16	\$0.00	\$48,846.99	\$25,135.46	\$1,795.39	\$75,777.84
Jan-21	3,045	6,350	681	80	\$181,610.00	\$231,394.00	\$48,006.00	\$8,064.50	\$469,074.50
Feb-21	3,043	6,340	247	98	\$324,291.00	\$103,215.20	\$29,164.00	\$6,276.60	\$462,946.80
Mar-21	3,048	6,352	219	108	\$197,229.60	\$125,896.64	\$32,522.24	\$5,843.84	\$361,492.32
Apr-21	3,041	6,320	170	42	\$69,204.00	\$82,033.60	\$17,380.00	\$5,814.40	\$174,432.00
<b>Totals</b>	<b>47,491</b>	<b>100,665</b>	<b>3,746</b>	<b>414</b>	<b>\$1,446,670.88</b>	<b>\$1,293,031.42</b>	<b>\$332,057.77</b>	<b>\$29,849.90</b>	<b>\$3,101,609.97</b>

Above data represents hospital, medical, and surgical costs reported to and adjudicated by Excellus BlueCross BlueShield related to covered members with coronavirus (COVID-19) from January 1, 2020 through April 30, 2021.

# 2020-2021 COVID-19 Pandemic Impact

## Impact on the Greater Tompkins County Municipal Health Insurance Consortium (continued)

2. The Excellus data shows the medical paid claims for 2020 and 2021 Fiscal Years as of May 31, 2021 were collectively just under \$4.966 million below the budgeted amount for the time period.
3. While October 2020 was a relatively high claims month, we show for the past 4-years October was above budget each year and this year October was a 5-weekly payment month for medical claims.
4. Looking “down the road” a bit we do not see any major negative impacts to the Consortium from a paid claim’s perspective as:
  - a) The hospitals and doctors can only perform so many procedures in a day which we believe means that there will not be any major compression when they start performing services on a more regular schedule.
  - b) Most of the severe cases have involved older members who are on Original Medicare Parts A and B which limits the claims exposure to the Consortium to some extent.
  - c) There will likely be some hesitation in patients seeking care due to concerns that they may expose themselves to the coronavirus or other illness.

# 2020-2021 COVID-19 Pandemic Impact

## Impact on the Greater Tompkins County Municipal Health Insurance Consortium (continued)

5. The pandemic has “forced” covered members to embrace telehealth and telemedicine approaches to medical care as covered members have not been able to see their primary care physicians for minor or routine services in recent months.
  - a) During the 2020 Fiscal Year, the Consortium paid for 11,871 telehealth visits for 6,282 covered members at a total cost of \$1,185,518.42.
  - b) To put this in perspective, in 2019 there were a total of 40 telehealth visits associated with Consortium covered members for a total cost of \$996.98 for the entire year.
  - c) According to Excellus’ reports, the Consortium had a total of 90 covered members registered for telemedicine services as of January 2020.
  - d) Per Excellus as of April 2021, the number of covered members registered for the telemedicine program modestly increased to 154. It is clear to us from these numbers that most enrollees are more comfortable using this type of technology with their own personal physician as opposed to enrolling in a service offered by an insurance carrier.



# Section 6

2020 Fiscal Year-End  
Net Income, Liabilities, and Reserves

# 2020 Net Income, Liabilities & Reserves

	<i>Actual Results 2016 Fiscal Year</i>	<i>Actual Results 2017 Fiscal Year</i>	<i>Actual Results 2018 Fiscal Year</i>	<i>Actual Results 2019 Fiscal Year</i>	<i>Preliminary Results 2020 Fiscal Year</i>
<b>Total Assets</b>	<b>\$24,290,896</b>	<b>\$26,531,122</b>	<b>\$27,063,899</b>	<b>\$32,080,107</b>	<b>\$33,511,789</b>
<b>Liabilities and Reserves</b>					
IBNR Claims Reserve	\$4,430,732	\$4,540,654	\$4,931,847	\$5,637,280	\$5,828,922
Accounts Payable	\$497,510	\$494,991	\$488,269	\$605,015	\$610,385
Deferred Revenue	\$361,369	\$171,520	\$20	\$509,798	\$1,072,302
Capital Surplus Account	\$1,925,998	\$2,038,725	\$2,120,085	\$2,514,837	\$2,409,497
Catastrophic Claims Reserve	\$1,050,000	\$1,350,000	\$2,000,000	\$2,800,000	\$5,032,220
Rate Stabilization Reserve	\$1,758,496	\$1,868,819	\$2,100,000	\$2,184,812	\$3,391,769
Unencumbered Fund Balance	\$14,266,791	\$16,066,413	\$15,423,678	\$17,828,365	\$15,166,694
Fund Balance as % of Premium	37.04%	39.40%	36.38%	35.45%	31.47%

Prior to the “premium holiday”, the 2020 Fiscal Year Net Income was substantially above the projected budget for the year. This resulted in the net cash assets (unencumbered fund balance) being well above the targeted level as set by the Consortium’s Audit & Finance Committee. This result was achieved even with the increase in the Rate Stabilization Reserve from 5% of Expected Paid Claims to 7.5% of Expected Paid Claims and with an increase in the Catastrophic Claims Reserve from \$2.8 million to \$4.5 million, plus interest and the stop-loss premium variance. Even with the “premium holiday”, the Consortium still finished the year with an Unencumbered Fund Balance which exceeded the budget projections at over \$15 million.

# Liabilities and Reserves - Defined

## LIABILITIES

- The liabilities associated with the Consortium's operations are directly related to covered medical benefits that are incurred by Consortium Members which have yet to be received or paid by the insurance company or plan administrator. For example, if the Consortium were to end its operations on any given December 31<sup>st</sup> there are going to be covered medical services received by covered members on or before December 31<sup>st</sup> which will not be paid until sometime after December 31<sup>st</sup>. This is commonly referred to in the industry as an Incurred but Not Reported (IBNR) and Incurred but Not Paid (IBNP) Claims Liabilities.
- In recent years with the increases in technology associated with the billing and payment of medical benefit claims and with the increase in the volume of prescription drug claims which are inherently electronic in nature, the overall value of this liability has decreased as a percentage of expected/paid claims. In fact, twenty years ago, this liability equaled approximately the value of three (3) months (24%) of annual expected/paid claims. Today, this value is closer to one (1) month (8%) of expected incurred claims and the New York State Department of Financial Services has set this liability for the 2020 Fiscal Year to equal 12.00% of the expected incurred claims estimate for the year.



# Liabilities and Reserves - Defined

## RESERVES

- The reserves held by the Consortium are the cash assets which have been assigned to cover a direct liability or to assist the Consortium with cash flow and provide protection during times when paid claim projections are exceeded. These cash assets have also been a source of revenue through the interest earned to the Consortium which has allowed the Consortium to hold premium increases down in previous years.
- The Consortium has historically maintained the following reserves:
  - Incurred But Not Report (IBNR) Claims Liability Reserve (statutory reserve)
  - Surplus Account (statutory reserve)
  - Catastrophic Claims Reserve (discretionary reserve)
  - Rate Stabilization Reserve (discretionary reserve)
- Please refer to the following slides for a detailed description of each reserve classification.



# Liabilities and Reserves - Defined

## INCURRED BUT NOT REPORTED (IBNR) CLAIMS LIABILITY RESERVE

- The IBNR Claims Reserve is required for the Consortium to be compliant with §4706(a)(1) of the New York State Insurance Law. The New York State Department of Financial Services requires this reserve to be funded at an amount equal to 12.0% of expected incurred claims. We believe this is a conservative estimate of the liability, but we understand the Department has always acted based on their philosophy to maintain this level of reserve as they want the Consortium Member Claims to be fully-funded at all times.
- Maintaining this reserve at an insufficient amount to cover the liability could result in a Municipal Corporation owing a significant amount of money if they chose to leave the Consortium. A Municipal Corporation's decision to leave or stay in the Consortium should not be affected by the Consortium's lack of adequate reserves and this is a philosophy we feel the Consortium should embrace, even during tougher economic times.
- The 2020 Fiscal Year budget forecasted this reserve to equal \$6,144,909.49 (12.0% of projected hospital, medical, surgical, and prescription drug incurred claims). It should be noted that Excellus BlueCross BlueShield does provide an estimate of this liability in their annual renewal documents. For the 2020 Fiscal Year, Excellus' estimate of this liability was \$4,277,400 which is approximately 8% of the expected claims cost for the year.

# Liabilities and Reserves - Defined

## SURPLUS ACCOUNT

- The Consortium is required to fund the Surplus Account at an amount equal to 5.0% of expected premium income for the year. By funding this reserve at this level, the Consortium is operating in compliance with §4706(a)(5)(A) of the New York State Insurance Law.
- Article 47 of the New York State Insurance Law describes this reserve as being established and maintained for the sole purpose of satisfying unexpected obligations of the Municipal Cooperative Health Benefits Plan. Article 47 further states that this reserve is for the purpose of satisfying unexpected obligations of the Plan in the event of termination or abandonment.
- The 2020 Fiscal Year budget forecasted this reserve to equal \$2,637,289.44 (5.0% of projected premium income of \$52,745,788.78). It should be noted that the Consortium's premium income will show below budget for the fiscal year due to the premium holiday. As a result, the Consortium may be required to calculate this reserve based on the full expected premium for the fiscal period which means this reserve level may be slightly higher at the end of the year than the projected amount.

# Liabilities and Reserves - Defined

## CATASTROPHIC CLAIMS RESERVE

- This reserve was established by the Consortium's Board of Directors to protect the financial integrity of the Consortium as the Board made the decision to increase the deductible associated with the Specific Stop-Loss Policy to reduce expenses. It was agreed that the Consortium's risk pool is so substantial in size that it can absorb a significant number of large losses without damaging the financial integrity of the Consortium.
- It was our professional opinion and the opinion of the Board of Directors that there was an acceptable reward versus risk ratio between the reduction of this significant expense, the exposure of large losses, and the cash asset position of the Consortium. This conclusion led the Board of Directors to increase the Specific Stop-Loss Insurance Deductible to \$1,000,000 for the 2020 Fiscal Year. It was recognized that this decision created a sizeable increase in the exposure to the Plan. To mitigate this exposure, the Board of Directors made the decision to fund this reserve at an amount equal to \$4,500,000 for the 2020 Fiscal Year.

# Liabilities and Reserves - Defined

## RATE STABILIZATION RESERVE

- When the Consortium's cash assets were at a fairly high level, the Board of Directors made the decision to establish the Rate Stabilization Reserve at an amount equal to 7.5% of the expected hospital, medical, surgical, and prescription drug claim payments for the year.
- It is our goal to work with the Consortium to ensure future fiscal year budgets are developed with this reserve being maintained.
- These funds would be used to “bridge the gap” during an associated hyper-inflationary period relative to paid claims allowing the Board of Directors to establish a multiple year plan to adjust revenue (premiums) and prevent a significant increase in premium rates during a single fiscal period.





# Section 7

## 2021 Fiscal Year-to-Date Summary & Observations

2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# 2021 Fiscal Year-to-Date Summary & Observations

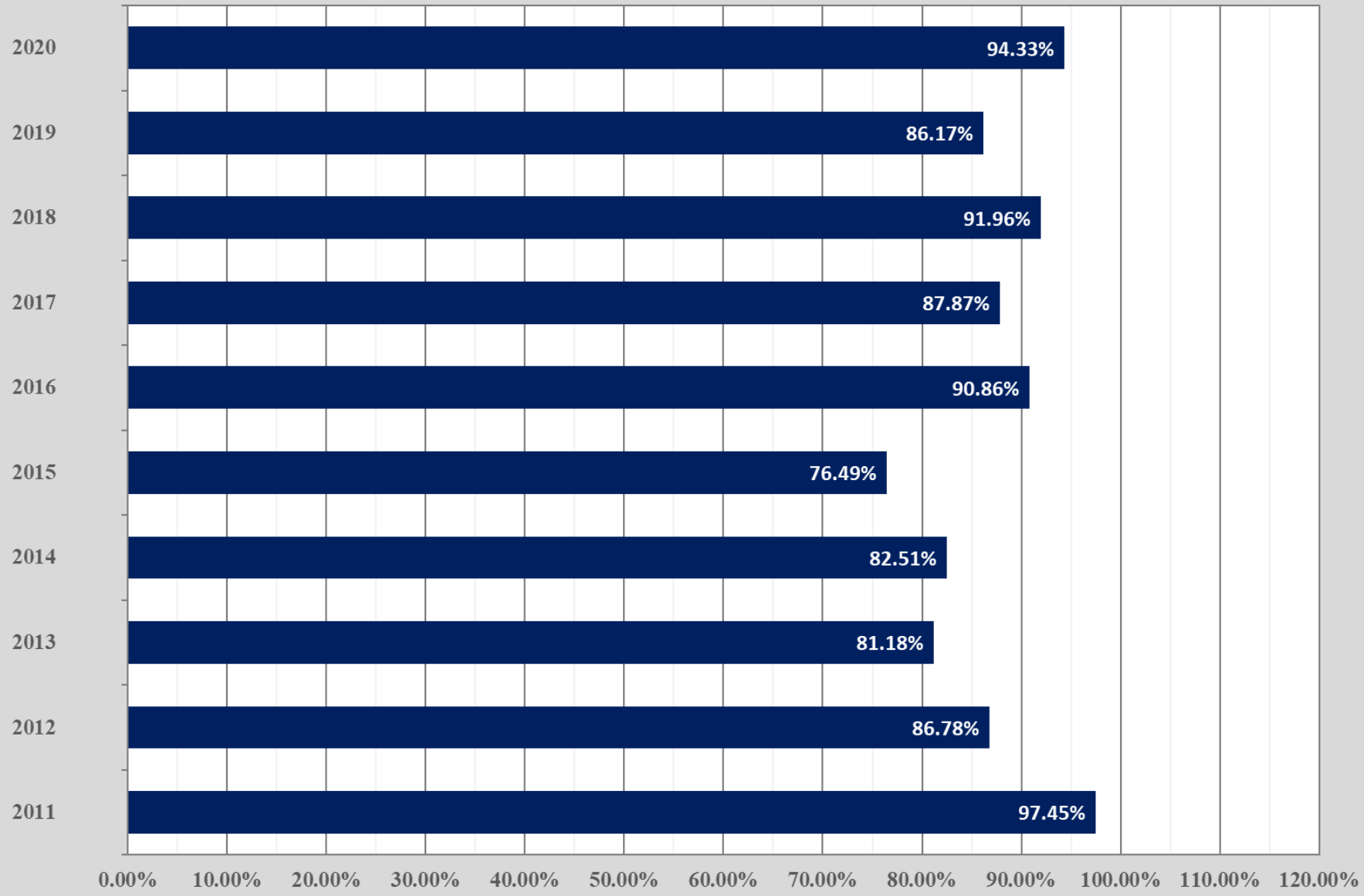
1. The overall revenue of the Consortium is 1.63% below budget as of May 31, 2021. We believe that as the Consortium moves through the year, the result will be closer to the overall budget. This result will be achieved mostly as a result of the enhanced pharmaceutical manufacturer rebates being received from ProAct, Inc. Unfortunately, even with the increased management of the cash assets by the Consortium's Financial Team which includes the assistance from Wilmington Trust, the pandemic will cause the interest income to be well below the results seen in prior years.
2. The combined **Medical and Rx Paid Claims were 2.36% below budget** through the first 5-months of the 2021 Fiscal Year. This result was achieved in large part due to a decrease in minor and/or elective medical procedures due to the recent pandemic. We are keeping a close eye on the paid claims and we are cautiously optimistic that the Consortium will finish the year near or below budget. Historically, the claims paid during the latter part of the Calendar Year tend to be a bit higher as annual deductibles and out-of-pocket maximums are met. In addition, we do anticipate some modest compression in medical claims costs as covered members have procedure performed which had been delayed due to the pandemic.



# 2021 Fiscal Year-to-Date Summary & Observations

3. Overall, the Greater Tompkins County Municipal Health Insurance Consortium is performing better than projected through the first 5-months of the 2021 Fiscal Year. With only five months “in the books”, the financial indicators are pointing toward another positive fiscal year, resulting in a slight net income which will be used to bolster the Consortium’s Reserves and Fund Balance. In the end, we are hopeful that this positive result will allow the Consortium to maintain modest premium increases for the next several fiscal years and/or provide premium relief to the Participating Municipalities.
4. Lastly, we want to point out that the fiscal results experienced by the Consortium as of May 31, 2021 clearly support the Board of Director’s decision to increase premium rates by a modest 5% for the 2021 Fiscal Years and put in place the premium holiday for December 2020. Any additional funds set aside from this year after the premium holiday will give the Consortium Board of Directors the opportunity to continue to keep premium increases at a very modest level for the next several fiscal periods. It may also allow for some additional premium relief to assist the Participating Municipalities during what will clearly be a tough financial picture for the next several years.

# Greater Tompkins County Municipal Health Insurance Consortium Medical Loss Ratio (Paid Claims ÷ Premium)



**2021**  
Medical Loss Ratio  
as of May 31, 2021  
Equals 98.47%

■ Medical Loss Ratio



**Greater Tompkins County Municipal Health Insurance Consortium**  
 Hospital, Medical, and Surgical Paid Claims and Claims Related Expenses

Date	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Group Billed Amount	Member Paid Amount	Group Billed Amount	Member Paid Amount	Group Billed Amount	Member Paid Amount
Jan-16	\$5,458,867.75	\$2,626,362.75	\$1,948,187.31	\$12,883.64	\$38,841.33	\$64,057.68	\$467,288.54	\$88,098.29	\$5,280.41	\$1,687.00	\$38.55	\$2,043,291.56	\$115,782.65	\$799,819.81	\$57,214.31	\$2,843,111.37	\$172,996.96
Feb-16	\$5,101,197.54	\$2,301,326.70	\$1,763,444.35	\$11,936.74	\$49,078.96	\$56,702.55	\$342,770.41	\$64,388.41	\$10,513.13	\$2,165.00	\$327.15	\$1,840,838.04	\$117,718.25	\$933,726.34	\$53,091.61	\$2,774,564.38	\$170,809.86
Mar-16	\$4,292,519.61	\$2,190,086.55	\$1,753,291.48	\$12,880.20	\$46,318.32	\$31,131.53	\$279,182.98	\$61,947.13	\$3,534.04	\$1,788.00	\$12.87	\$1,820,573.52	\$90,330.05	\$915,649.56	\$60,635.85	\$2,736,223.08	\$150,965.90
Apr-16	\$5,736,265.47	\$2,697,950.42	\$2,106,809.93	\$16,933.61	\$64,066.51	\$32,955.01	\$395,360.93	\$68,658.67	\$10,714.59	\$2,404.00	\$47.17	\$2,188,634.36	\$113,955.13	\$896,383.62	\$56,065.25	\$3,085,017.98	\$170,020.38
May-16	\$5,220,034.16	\$3,055,737.21	\$2,614,705.04	\$12,113.56	\$51,576.26	\$16,192.95	\$284,361.70	\$64,921.45	\$9,662.77	\$2,186.50	\$16.98	\$2,691,492.74	\$79,882.77	\$889,116.68	\$55,691.68	\$3,580,609.42	\$135,574.45
Jun-16	\$4,652,320.67	\$2,291,435.18	\$1,822,495.18	\$13,933.33	\$43,598.00	\$14,644.65	\$328,043.77	\$62,246.42	\$4,287.53	\$2,257.00	-\$70.70	\$1,891,215.43	\$72,175.98	\$965,883.68	\$54,831.90	\$2,857,099.11	\$127,007.88
Jul-16	\$5,783,203.18	\$2,604,882.03	\$2,054,310.62	\$15,472.89	\$48,367.69	\$11,211.80	\$387,658.63	\$75,116.96	\$10,676.43	\$2,025.00	\$42.01	\$2,142,171.02	\$75,052.38	\$854,493.12	\$52,156.03	\$2,996,664.14	\$127,208.41
Aug-16	\$5,441,890.81	\$2,508,195.94	\$1,990,231.24	\$12,247.83	\$37,799.70	\$7,469.70	\$377,620.11	\$71,953.49	\$8,032.87	\$2,581.50	\$259.50	\$2,073,058.60	\$57,517.23	\$914,551.17	\$54,142.52	\$2,987,609.77	\$111,659.75
Sep-16	\$6,576,595.31	\$2,852,507.71	\$2,114,332.70	\$16,180.44	\$42,557.73	\$7,470.51	\$579,278.80	\$80,743.56	\$10,087.61	\$1,768.75	\$87.61	\$2,207,020.23	\$66,208.68	\$872,005.50	\$50,106.38	\$3,079,025.73	\$116,315.06
Oct-16	\$4,046,409.06	\$1,941,120.65	\$1,506,249.71	\$12,235.23	\$36,185.93	\$8,177.29	\$308,668.71	\$63,471.16	\$4,396.79	\$1,731.00	\$4.83	\$1,575,853.49	\$56,598.45	\$846,753.48	\$50,345.99	\$2,422,606.97	\$106,944.44
Nov-16	\$5,077,820.30	\$2,379,392.53	\$1,802,048.25	\$13,417.89	\$35,411.30	\$10,955.01	\$431,772.78	\$73,288.43	\$9,423.78	\$2,156.00	\$919.09	\$1,887,835.55	\$59,784.20	\$848,632.31	\$47,303.25	\$2,736,467.86	\$107,087.45
Dec-16	\$5,796,769.03	\$3,062,165.37	\$2,506,008.17	\$16,285.73	\$35,970.73	\$5,612.45	\$367,288.10	\$113,783.18	\$14,690.61	\$2,526.00	\$0.40	\$2,637,008.36	\$57,868.91	\$908,969.00	\$48,881.70	\$3,545,977.36	\$106,750.61
<b>Totals</b>	<b>\$63,183,892.89</b>	<b>\$30,511,163.04</b>	<b>\$23,982,113.98</b>	<b>\$166,521.09</b>	<b>\$529,772.46</b>	<b>\$266,581.13</b>	<b>\$4,549,295.46</b>	<b>\$888,617.15</b>	<b>\$101,300.56</b>	<b>\$25,275.75</b>	<b>\$1,685.46</b>	<b>\$24,998,992.90</b>	<b>\$962,874.68</b>	<b>\$10,645,984.27</b>	<b>\$640,466.47</b>	<b>\$35,644,977.17</b>	<b>\$1,603,341.15</b>
								2.49%				96.29%	3.71%	94.33%	5.67%	95.70%	4.30%

Date	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Group Billed Amount	Member Paid Amount	Group Billed Amount	Member Paid Amount	Group Billed Amount	Member Paid Amount
Jan-17	\$4,470,193.37	\$2,072,779.29	\$1,526,981.74	\$8,144.66	\$24,831.02	\$25,282.80	\$413,668.51	\$56,201.59	\$7,191.14	\$1,509.00	\$8,968.83	\$1,600,852.30	\$58,258.48	\$1,029,465.44	\$62,790.74	\$2,630,317.74	\$121,049.22
Feb-17	\$5,914,626.42	\$3,090,662.66	\$2,479,677.69	\$22,025.32	\$63,609.78	\$95,459.29	\$298,515.67	\$119,046.88	\$8,898.38	\$2,517.00	\$912.65	\$2,611,052.60	\$181,094.39	\$847,986.02	\$48,897.68	\$3,459,038.62	\$229,992.07
Mar-17	\$6,248,702.46	\$3,085,099.20	\$2,338,945.67	\$19,160.00	\$69,197.17	\$54,549.15	\$490,337.45	\$100,413.67	\$10,066.85	\$2,341.00	\$88.24	\$2,451,855.43	\$142,906.32	\$846,476.55	\$58,701.97	\$3,298,331.98	\$201,608.29
Apr-17	\$5,579,984.50	\$2,736,830.94	\$2,052,592.72	\$15,168.97	\$58,314.06	\$27,805.98	\$487,655.23	\$84,734.30	\$8,366.05	\$2,225.00	-\$31.37	\$2,147,886.70	\$101,289.01	\$834,321.13	\$50,232.30	\$2,982,207.83	\$151,521.31
May-17	\$4,831,905.14	\$2,372,508.83	\$1,790,719.90	\$15,265.00	\$55,572.26	\$19,972.75	\$410,641.25	\$66,530.50	\$11,656.17	\$2,151.00	\$0.00	\$1,871,057.57	\$90,810.01	\$968,911.34	\$58,583.02	\$2,839,968.91	\$149,393.03
Jun-17	\$6,116,372.76	\$3,021,871.54	\$2,268,128.60	\$18,815.00	\$54,290.83	\$20,723.50	\$567,055.53	\$76,464.04	\$14,414.04	\$1,980.00	\$0.00	\$2,360,986.68	\$93,829.33	\$1,017,500.09	\$57,361.17	\$3,378,486.77	\$151,190.50
Jul-17	\$5,025,749.56	\$2,213,844.72	\$1,713,834.36	\$14,140.00	\$34,212.80	\$11,120.36	\$376,964.46	\$54,228.92	\$7,306.48	\$2,036.00	\$1.34	\$1,777,407.10	\$59,473.16	\$862,229.27	\$55,400.52	\$2,639,636.37	\$114,873.68
Aug-17	\$6,179,763.01	\$2,655,812.60	\$2,027,635.94	\$12,238.41	\$31,726.07	\$12,703.37	\$476,371.75	\$77,478.91	\$15,136.29	\$2,514.00	\$7.86	\$2,122,773.00	\$56,667.85	\$878,157.12	\$54,715.07	\$3,000,930.12	\$111,382.92
Sep-17	\$5,883,068.26	\$2,625,467.18	\$2,143,408.11	\$17,361.81	\$40,690.00	\$15,232.15	\$317,061.73	\$82,324.83	\$7,487.40	\$1,899.75	\$1.40	\$2,235,121.49	\$73,283.96	\$927,066.53	\$54,900.16	\$3,162,188.02	\$128,184.12
Oct-17	\$6,128,833.42	\$2,937,535.75	\$2,243,267.66	\$13,411.85	\$47,842.03	\$14,681.66	\$526,719.68	\$85,468.47	\$3,710.75	\$2,415.00	\$18.65	\$2,334,880.53	\$75,935.54	\$974,753.22	\$55,915.42	\$3,309,633.75	\$131,850.96
Nov-17	\$5,416,494.35	\$2,756,813.53	\$2,152,989.18	\$15,190.00	\$38,092.17	\$7,426.51	\$441,427.72	\$92,427.12	\$7,070.83	\$2,190.00	\$0.00	\$2,254,677.13	\$60,708.68	\$916,695.77	\$52,085.90	\$3,171,372.90	\$112,794.58
Dec-17	\$6,145,251.74	\$3,042,793.02	\$2,360,960.52	\$16,598.86	\$45,550.59	\$9,433.89	\$504,739.85	\$93,491.32	\$9,697.03	\$2,309.75	\$11.21	\$2,466,469.83	\$71,583.34	\$976,271.57	\$54,719.04	\$3,442,741.40	\$126,302.38
<b>Totals</b>	<b>\$67,940,944.99</b>	<b>\$32,612,019.26</b>	<b>\$25,099,142.09</b>	<b>\$187,519.88</b>	<b>\$563,928.78</b>	<b>\$314,391.41</b>	<b>\$5,311,158.83</b>	<b>\$988,810.55</b>	<b>\$111,001.41</b>	<b>\$26,087.50</b>	<b>\$9,978.81</b>	<b>\$26,235,020.36</b>	<b>\$1,065,840.07</b>	<b>\$11,079,834.05</b>	<b>\$664,302.99</b>	<b>\$37,314,854.41</b>	<b>\$1,730,143.06</b>
								2.65%				96.10%	3.90%	94.34%	5.66%	95.57%	4.43%

**Greater Tompkins County Municipal Health Insurance Consortium**  
 Hospital, Medical, and Surgical Paid Claims and Claims Related Expenses

Date	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Medical Claims	Rx Claims	Medical Claims	Rx Claims	Group Billed Amount	Member Paid Amount
Jan-18	\$5,539,327.32	\$2,579,303.53	\$1,922,473.21	\$14,404.19	\$37,205.27	\$61,066.12	\$458,134.64	\$76,128.36	\$7,463.75	\$2,422.00	\$5.99	\$2,008,493.31	\$112,675.58	\$991,547.92	\$65,438.75	\$3,000,041.23	\$178,114.33
Feb-18	\$6,065,634.34	\$2,809,016.06	\$2,174,817.01	\$18,980.25	\$59,871.34	\$74,305.44	\$378,231.86	\$87,356.09	\$12,463.49	\$2,624.00	\$366.58	\$2,277,627.17	\$153,157.03	\$884,565.37	\$56,318.31	\$3,162,192.54	\$209,475.34
Mar-18	\$8,223,748.77	\$3,677,256.65	\$2,802,921.70	\$22,365.79	\$68,124.99	\$45,460.75	\$617,480.26	\$109,216.44	\$8,853.31	\$2,746.00	\$87.41	\$2,923,824.86	\$135,951.53	\$869,153.35	\$59,805.21	\$3,792,978.21	\$195,756.74
Apr-18	\$6,103,214.96	\$2,948,537.50	\$2,154,454.00	\$17,740.00	\$48,282.05	\$25,975.46	\$608,641.05	\$84,314.47	\$6,804.47	\$2,326.00	\$0.00	\$2,247,898.94	\$91,997.51	\$864,749.25	\$56,193.34	\$3,112,648.19	\$148,190.85
May-18	\$8,195,811.72	\$3,200,828.30	\$2,173,525.08	\$17,586.52	\$50,621.94	\$18,836.43	\$852,492.40	\$77,134.66	\$8,250.43	\$2,374.00	\$6.84	\$2,261,291.01	\$87,044.89	\$998,451.63	\$57,582.02	\$3,259,742.64	\$144,626.91
Jun-18	\$7,477,027.63	\$3,683,405.80	\$2,820,977.45	\$20,699.12	\$58,632.88	\$17,583.25	\$654,489.21	\$101,224.91	\$7,374.88	\$2,420.00	\$4.10	\$2,932,001.34	\$96,915.25	\$965,921.67	\$54,464.07	\$3,897,923.01	\$151,379.32
Jul-18	\$4,679,905.78	\$2,302,747.53	\$1,809,754.14	\$18,310.38	\$39,309.20	\$12,670.59	\$342,545.98	\$70,153.78	\$7,770.34	\$2,209.00	\$24.12	\$1,889,911.38	\$70,290.17	\$913,096.06	\$54,337.40	\$2,803,007.44	\$124,627.57
Aug-18	\$8,701,058.19	\$3,869,575.00	\$3,099,509.71	\$29,454.63	\$36,822.74	\$6,429.37	\$529,469.80	\$155,367.97	\$10,253.88	\$2,260.00	\$6.90	\$3,267,398.46	\$72,706.74	\$847,785.39	\$52,544.08	\$4,115,183.85	\$125,250.82
Sep-18	\$5,821,524.30	\$2,815,562.53	\$2,060,632.21	\$19,695.10	\$31,814.83	\$13,737.54	\$590,883.31	\$90,625.56	\$6,097.86	\$2,073.00	\$3.12	\$2,159,431.75	\$65,247.47	\$852,995.85	\$47,901.40	\$3,012,427.60	\$113,148.87
Oct-18	\$6,881,049.05	\$3,770,894.15	\$3,195,349.11	\$22,537.76	\$37,725.67	\$10,074.43	\$424,392.66	\$65,279.14	\$12,879.63	\$2,655.75	\$0.00	\$3,276,163.63	\$70,337.86	\$922,972.61	\$51,226.40	\$4,199,136.24	\$121,564.26
Nov-18	\$7,494,051.15	\$3,488,042.34	\$2,642,809.12	\$23,625.94	\$36,920.02	\$12,046.80	\$669,368.01	\$93,126.07	\$7,695.73	\$2,450.25	\$0.40	\$2,746,081.57	\$72,592.76	\$885,078.96	\$48,158.07	\$3,631,160.53	\$120,750.83
Dec-18	\$5,339,273.76	\$2,766,022.36	\$2,070,116.63	\$17,874.08	\$25,641.02	\$8,469.90	\$564,697.10	\$70,960.22	\$6,096.39	\$2,144.00	\$23.02	\$2,149,340.26	\$51,985.00	\$867,182.29	\$48,140.24	\$3,016,522.55	\$100,125.24
<b>Totals</b>	<b>\$80,521,626.97</b>	<b>\$37,911,191.75</b>	<b>\$28,927,339.37</b>	<b>\$243,273.76</b>	<b>\$530,971.95</b>	<b>\$306,656.08</b>	<b>\$6,690,826.28</b>	<b>\$1,080,887.67</b>	<b>\$102,004.16</b>	<b>\$28,704.00</b>	<b>\$528.48</b>	<b>\$30,139,463.68</b>	<b>\$1,080,901.79</b>	<b>\$10,863,500.35</b>	<b>\$652,109.29</b>	<b>\$41,002,964.03</b>	<b>\$1,733,011.08</b>
								2.64%				96.54%	3.46%	94.34%	5.66%	95.94%	4.06%

Date	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Medical Claims	Rx Claims	Medical Claims	Rx Claims	Group Billed Amount	Member Paid Amount
Jan-19	\$5,946,829.80	\$2,928,286.20	\$2,167,475.07	\$20,111.68	\$40,203.29	\$64,814.93	\$539,058.57	\$87,365.28	\$7,169.13	\$2,088.25	\$0.00	\$2,264,097.73	\$125,129.90	\$960,853.48	\$64,701.02	\$3,224,951.21	\$189,830.92
Feb-19	\$5,784,909.02	\$2,874,931.73	\$2,148,582.86	\$24,130.79	\$54,906.43	\$68,566.89	\$492,145.94	\$74,568.05	\$9,981.02	\$2,049.75	\$0.00	\$2,235,181.68	\$147,604.11	\$972,521.63	\$61,909.01	\$3,207,703.31	\$209,513.12
Mar-19	\$7,523,574.32	\$3,399,760.81	\$2,599,744.70	\$32,008.02	\$73,066.43	\$52,851.15	\$528,582.03	\$99,867.69	\$11,290.87	\$2,347.00	\$2.92	\$2,713,253.18	\$157,925.60	\$1,023,860.68	\$65,997.73	\$3,737,113.86	\$223,923.33
Apr-19	\$6,413,555.99	\$3,230,745.13	\$2,552,746.13	\$23,795.20	\$51,042.06	\$27,296.91	\$471,023.19	\$94,437.18	\$7,849.96	\$2,554.50	\$0.00	\$2,657,587.77	\$102,134.17	\$1,087,866.27	\$66,319.95	\$3,745,454.04	\$168,454.12
May-19	\$7,474,909.80	\$3,387,844.20	\$2,694,944.67	\$28,302.25	\$59,913.93	\$26,007.54	\$463,716.59	\$98,197.73	\$14,199.28	\$2,554.75	\$7.46	\$2,809,903.89	\$114,223.72	\$1,118,904.26	\$63,257.60	\$3,928,808.15	\$177,481.32
Jun-19	\$6,211,292.18	\$2,947,051.38	\$2,242,403.63	\$25,349.78	\$49,500.99	\$20,113.04	\$515,922.37	\$83,096.60	\$9,147.97	\$1,517.00	\$0.00	\$2,336,165.20	\$94,963.81	\$1,049,697.07	\$63,732.22	\$3,385,862.27	\$158,696.03
Jul-19	\$5,965,190.44	\$2,970,948.36	\$2,383,806.76	\$21,392.96	\$34,758.47	\$11,396.56	\$428,188.04	\$79,744.60	\$9,229.55	\$2,420.75	\$10.67	\$2,475,212.33	\$67,547.99	\$1,102,667.22	\$62,451.15	\$3,577,879.55	\$129,999.14
Aug-19	\$6,941,429.41	\$3,263,140.88	\$2,380,389.55	\$28,963.43	\$43,961.08	\$16,148.76	\$701,993.00	\$78,877.46	\$10,667.60	\$2,140.00	\$0.00	\$2,472,074.61	\$89,073.27	\$1,131,696.79	\$62,983.30	\$3,603,771.40	\$152,056.57
Sep-19	\$5,598,069.09	\$2,486,269.09	\$1,807,822.05	\$25,532.28	\$32,169.21	\$11,187.08	\$541,474.10	\$57,720.11	\$8,013.26	\$2,351.00	\$0.00	\$1,875,906.42	\$68,888.57	\$1,041,209.68	\$62,412.41	\$2,917,116.10	\$131,300.98
Oct-19	\$5,444,777.83	\$2,755,586.53	\$2,167,933.17	\$25,575.64	\$31,108.44	\$10,019.27	\$422,572.99	\$86,169.46	\$10,124.46	\$2,075.00	\$8.10	\$2,266,310.19	\$66,703.35	\$1,281,044.16	\$63,259.97	\$3,547,354.35	\$129,963.32
Nov-19	\$7,558,466.26	\$3,330,771.13	\$2,496,800.55	\$33,289.65	\$42,890.14	\$11,964.12	\$632,176.07	\$98,954.84	\$12,678.26	\$2,016.00	\$1.50	\$2,610,451.15	\$88,143.91	\$1,034,917.47	\$52,985.41	\$3,645,368.62	\$141,129.32
Dec-19	\$4,990,192.01	\$2,198,691.05	\$1,692,413.54	\$23,667.93	\$28,085.97	\$8,364.98	\$370,925.45	\$64,537.01	\$8,593.67	\$2,102.50	\$0.00	\$1,767,646.72	\$60,118.88	\$1,034,362.80	\$54,703.70	\$2,802,009.52	\$114,822.58
<b>Totals</b>	<b>\$75,853,196.15</b>	<b>\$35,774,026.49</b>	<b>\$27,335,062.68</b>	<b>\$312,119.61</b>	<b>\$541,606.44</b>	<b>\$328,731.23</b>	<b>\$6,107,778.34</b>	<b>\$1,003,536.01</b>	<b>\$118,945.03</b>	<b>\$26,216.50</b>	<b>\$30.65</b>	<b>\$28,483,790.87</b>	<b>\$1,182,457.28</b>	<b>\$12,839,601.51</b>	<b>\$744,713.47</b>	<b>\$41,323,392.38</b>	<b>\$1,927,170.75</b>
								2.43%				96.01%	3.99%	94.52%	5.48%	95.54%	4.46%

**Greater Tompkins County Municipal Health Insurance Consortium**  
 Hospital, Medical, and Surgical Paid Claims and Claims Related Expenses

Date	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Medical Claims		Rx Claims		Group Billed Amount	Member Paid Amount
Jan-20	\$6,847,270.72	\$3,387,553.69	\$2,549,971.83	\$32,034.67	\$45,127.00	\$86,926.64	\$566,482.90	\$95,136.63	\$9,533.02	\$2,341.00	\$0.00	\$2,656,982.48	\$164,088.31	\$1,117,016.74	\$78,117.34	\$3,773,999.22	\$242,205.65
Feb-20	\$6,133,476.95	\$2,719,239.29	\$2,002,188.33	\$33,263.38	\$55,995.32	\$76,676.29	\$461,795.49	\$79,692.36	\$7,228.62	\$2,399.50	\$0.00	\$2,091,508.81	\$165,934.99	\$1,004,928.55	\$66,152.12	\$3,096,437.36	\$232,087.11
Mar-20	\$6,274,502.79	\$3,052,266.93	\$2,372,458.33	\$28,145.88	\$58,152.36	\$36,345.58	\$444,900.85	\$95,733.21	\$14,040.72	\$2,490.00	\$0.00	\$2,484,722.26	\$122,643.82	\$1,183,622.26	\$73,298.86	\$3,668,344.52	\$195,942.68
Apr-20	\$4,856,725.05	\$2,081,211.45	\$1,514,812.39	\$14,871.04	\$32,556.66	\$14,889.13	\$452,528.19	\$40,457.42	\$9,085.30	\$1,726.00	\$285.32	\$1,566,366.43	\$62,316.83	\$1,101,096.33	\$66,660.46	\$2,667,462.76	\$128,977.29
May-20	\$6,185,064.30	\$2,765,754.93	\$2,126,371.71	\$14,391.45	\$32,772.14	\$13,882.53	\$492,981.12	\$75,359.86	\$8,336.77	\$1,659.35	\$0.00	\$2,211,727.69	\$61,046.12	\$1,107,376.77	\$55,938.18	\$3,319,104.46	\$116,984.30
Jun-20	\$4,951,720.58	\$2,289,470.80	\$1,780,533.76	\$18,310.64	\$30,860.15	\$16,113.18	\$371,601.05	\$61,273.95	\$8,653.62	\$2,124.45	\$0.00	\$1,852,585.78	\$65,283.97	\$1,111,933.57	\$66,819.98	\$2,964,519.35	\$132,103.95
Jul-20	\$7,338,348.57	\$3,319,627.78	\$2,278,866.44	\$26,777.23	\$39,936.29	\$17,133.41	\$850,091.87	\$94,898.10	\$9,635.61	\$2,288.35	\$0.48	\$2,385,688.98	\$83,846.93	\$1,305,357.66	\$67,665.11	\$3,691,046.64	\$151,512.04
Aug-20	\$6,218,635.71	\$2,771,844.44	\$2,107,918.41	\$24,515.78	\$24,757.53	\$10,425.61	\$518,305.15	\$76,505.04	\$7,184.24	\$2,231.00	\$1.68	\$2,193,840.37	\$59,698.92	\$1,145,506.06	\$61,227.91	\$3,339,346.43	\$120,926.83
Sep-20	\$6,957,048.66	\$2,990,755.56	\$2,009,672.94	\$24,968.12	\$27,835.71	\$9,541.88	\$817,179.50	\$70,705.35	\$28,632.02	\$2,218.70	\$1.34	\$2,111,230.35	\$62,345.71	\$1,235,251.26	\$56,696.14	\$3,346,481.61	\$119,041.85
Oct-20	\$9,002,485.24	\$3,822,531.25	\$2,741,897.85	\$29,482.57	\$37,025.60	\$11,323.47	\$882,004.91	\$100,796.67	\$17,530.18	\$2,470.00	\$0.00	\$2,862,694.70	\$77,831.64	\$1,153,522.01	\$57,915.13	\$4,016,216.71	\$135,746.77
Nov-20	\$6,123,672.65	\$2,785,304.87	\$2,188,449.64	\$20,761.31	\$22,546.12	\$8,594.54	\$451,483.79	\$76,669.42	\$14,250.35	\$2,549.70	\$0.00	\$2,281,919.11	\$51,901.97	\$1,181,973.81	\$56,654.85	\$3,463,892.92	\$108,556.82
Dec-20	\$5,997,522.98	\$2,803,572.86	\$2,122,115.68	\$23,251.04	\$25,765.40	\$8,819.84	\$525,296.98	\$78,570.61	\$17,182.96	\$2,570.35	\$0.00	\$2,220,439.60	\$57,836.28	\$1,295,553.58	\$59,278.69	\$3,515,993.18	\$117,114.97
<b>Totals</b>	<b>\$76,886,474.20</b>	<b>\$34,789,133.85</b>	<b>\$25,795,257.31</b>	<b>\$290,773.11</b>	<b>\$433,330.28</b>	<b>\$310,672.10</b>	<b>\$6,834,651.80</b>	<b>\$945,798.62</b>	<b>\$151,293.41</b>	<b>\$27,068.40</b>	<b>\$288.82</b>	<b>\$26,919,706.56</b>	<b>\$1,034,775.49</b>	<b>\$13,943,138.60</b>	<b>\$766,424.77</b>	<b>\$40,862,845.16</b>	<b>\$1,801,200.26</b>
2.31%												<b>96.30%</b>	<b>3.70%</b>	<b>94.79%</b>	<b>5.21%</b>	<b>95.78%</b>	<b>4.22%</b>

Date	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Medical Claims		Rx Claims		Group Billed Amount	Member Paid Amount
Jan-21	\$8,057,138.14	\$3,724,842.67	\$2,707,331.86	\$16,595.99	\$33,379.66	\$48,957.17	\$786,314.25	\$117,487.98	\$12,094.76	\$2,681.00	\$0.00	\$2,839,595.60	\$98,932.82	\$1,248,569.04	\$83,001.85	\$4,088,164.64	\$181,934.67
Feb-21	\$6,235,789.93	\$2,769,818.81	\$2,185,619.64	\$16,460.18	\$38,833.60	\$55,200.51	\$370,254.56	\$88,559.34	\$11,920.96	\$2,952.70	\$17.32	\$2,289,069.96	\$110,494.29	\$1,174,685.51	\$75,743.36	\$3,463,755.47	\$186,237.65
Mar-21	\$6,952,050.60	\$3,162,206.21	\$2,542,802.90	\$24,832.90	\$43,282.16	\$39,376.11	\$379,087.11	\$109,405.26	\$19,840.77	\$3,579.00	\$0.00	\$2,675,627.93	\$107,491.17	\$1,369,738.41	\$89,412.10	\$4,045,366.34	\$196,903.27
Apr-21	\$7,226,074.16	\$3,302,572.87	\$2,682,150.64	\$27,639.78	\$54,463.62	\$47,712.85	\$361,807.74	\$111,336.67	\$14,456.42	\$2,962.00	\$43.15	\$2,810,948.88	\$129,816.25	\$1,315,680.71	\$76,476.00	\$4,126,629.59	\$206,292.25
May-21	\$7,122,373.17	\$3,382,619.27	\$2,790,377.37	\$21,518.65	\$49,961.41	\$27,430.43	\$364,315.73	\$114,440.89	\$12,071.86	\$2,497.35	\$5.58	\$2,919,393.05	\$98,910.49	\$1,350,738.38	\$71,267.17	\$4,270,131.43	\$170,177.66
Jun-21												\$0.00	\$0.00			\$0.00	\$0.00
Jul-21												\$0.00	\$0.00			\$0.00	\$0.00
Aug-21												\$0.00	\$0.00			\$0.00	\$0.00
Sep-21												\$0.00	\$0.00			\$0.00	\$0.00
Oct-21												\$0.00	\$0.00			\$0.00	\$0.00
Nov-21												\$0.00	\$0.00			\$0.00	\$0.00
Dec-21												\$0.00	\$0.00			\$0.00	\$0.00
<b>Totals</b>	<b>\$35,593,426.00</b>	<b>\$16,342,059.83</b>	<b>\$12,908,282.41</b>	<b>\$107,047.50</b>	<b>\$219,920.45</b>	<b>\$218,677.07</b>	<b>\$2,261,779.39</b>	<b>\$541,230.14</b>	<b>\$70,384.77</b>	<b>\$14,672.05</b>	<b>\$66.05</b>	<b>\$13,534,635.42</b>	<b>\$545,645.02</b>	<b>\$6,459,412.05</b>	<b>\$395,900.48</b>	<b>\$19,994,047.47</b>	<b>\$941,545.50</b>
2.71%												<b>96.12%</b>	<b>3.88%</b>	<b>94.22%</b>	<b>5.78%</b>	<b>95.50%</b>	<b>4.50%</b>

**Greater Tompkins County Municipal Health Insurance Consortium**  
 Hospital, Medical, and Surgical Paid Claims and Claims Related Expenses

Fiscal Year	Provider Charged Amount	Total Cost	Claim Paid Amount	Member Copayment	Member Coinsurance	Member Deductible	Other Carrier Liability	HCRA Surcharge	ITS Access Fee	AEA Fee	ITS Surcharge	Per Excellus BCBS Reports		Per ProAct, Inc. Reports		Combined Paid Claims	
												Medical Claims		Rx Claims		Group Billed Amount	Member Paid Amount
2016	\$63,183,892.89	\$30,511,163.04	\$23,982,113.98	\$166,521.09	\$529,772.46	\$266,581.13	\$4,549,295.46	\$888,617.15	\$101,300.56	\$25,275.75	\$1,685.46	\$24,998,992.90	\$962,874.68	\$10,645,984.27	\$640,466.47	\$35,644,977.17	\$1,603,341.15
2017	\$67,940,944.99	\$32,612,019.26	\$25,099,142.09	\$187,519.88	\$563,928.78	\$314,391.41	\$5,311,158.83	\$988,810.55	\$111,001.41	\$26,087.50	\$9,978.81	\$26,235,020.36	\$1,065,840.07	\$11,079,834.05	\$664,302.99	\$37,314,854.41	\$1,730,143.06
2018	\$80,521,626.97	\$37,911,191.75	\$28,927,339.37	\$243,273.76	\$530,971.95	\$306,656.08	\$6,690,826.28	\$1,080,887.67	\$102,004.16	\$28,704.00	\$528.48	\$30,139,463.68	\$1,080,901.79	\$10,863,500.35	\$652,109.29	\$41,002,964.03	\$1,733,011.08
2019	\$75,853,196.15	\$35,774,026.49	\$27,335,062.68	\$312,119.61	\$541,606.44	\$328,731.23	\$6,107,778.34	\$1,003,536.01	\$118,945.03	\$26,216.50	\$30.65	\$28,483,790.87	\$1,182,457.28	\$12,839,601.51	\$744,713.47	\$41,323,392.38	\$1,927,170.75
2020	\$76,886,474.20	\$34,789,133.85	\$25,795,257.31	\$290,773.11	\$433,330.28	\$310,672.10	\$6,834,651.80	\$945,798.62	\$151,293.41	\$27,068.40	\$288.82	\$26,919,706.56	\$1,034,775.49	\$13,943,138.60	\$766,424.77	\$40,862,845.16	\$1,801,200.26
2021	\$35,593,426.00	\$16,342,059.83	\$12,908,282.41	\$107,047.50	\$219,920.45	\$218,677.07	\$2,261,779.39	\$541,230.14	\$70,384.77	\$14,672.05	\$66.05	\$13,534,635.42	\$545,645.02	\$6,459,412.05	\$395,900.48	\$19,994,047.47	\$941,545.50
<b>Totals</b>	<b>\$399,979,561.20</b>	<b>\$187,939,594.22</b>	<b>\$144,047,197.84</b>	<b>\$1,307,254.95</b>	<b>\$2,819,530.36</b>	<b>\$1,745,709.02</b>	<b>\$31,755,490.10</b>	<b>\$5,448,880.14</b>	<b>\$654,929.34</b>	<b>\$148,024.20</b>	<b>\$12,578.27</b>	<b>\$150,311,609.79</b>	<b>\$5,872,494.33</b>	<b>\$65,831,470.83</b>	<b>\$3,863,917.47</b>	<b>\$216,143,080.62</b>	<b>\$9,736,411.80</b>
								2.52%				96.24%	3.76%	94.46%	5.54%	95.69%	4.31%

**Greater Tompkins County Municipal Health Insurance Consortium**

2016 Through 2021 Hospital, Medical, and Surgical Paid Claims and Claims Related Expenses

**Definition of Terms**

Column Title	Term Definition / Summary
<b>Provider Charge Amount</b>	The numbers in this column represent the actual billed amount from the various medical facilities, medical providers, and pharmacies which appear on the claim submitted to Excellus BlueCross BlueShield
<b>Total Cost</b>	The value in this column is the sum of the group billed amount, member paid amount, and the other carrier liability amount
<b>Claim Paid Amount</b>	The dollar value in this column is the actual amount paid by Excellus BlueCross BlueShield to the medical facility, medical provider, or pharmacy which submitted the claim to Excellus BCBS.
<b>Member Copayment</b>	This column includes any fixed dollar payments a member has to make toward the cost of care for covered services. The amount of the copayment may vary based on the service provided (e.g., \$10 office visit, \$150 emergency room visit, \$500 inpatient stay, etc.).
<b>Member Coinsurance</b>	This column includes any percentage based payments a member has to make toward the cost of care for covered services. This amount is typically 20% after satisfaction of the deductible, but may vary based on the service provided.
<b>Member Deductible</b>	The value in this column is the sum of any upfront deductibles which a covered member must satisfy and pay before services are covered by the Plan.
<b>Other Carrier Liability</b>	The dollar amount in this column is the amount another health insurance carrier paid toward the claim in question. This could include Medicare or another private insurance plan.
<b>HCRA Surcharge</b>	The New York State Health Care Reform Act (HCRA) is a major component of New York State's Health Care financing laws which governs hospital reimbursement methodologies and targets funding for a multitude of health care initiatives. Originally established to help fund indigent care (aka, bad debt and charity) pools, this law remains on the books today. This law also requires that certain third-party payors and providers of health care services participate in the funding of these initiatives through the submission of authorized surcharges and assessments. These surcharges initially were set at 8.18% of the cost of care and have grown to their current level of 9.65%, even though, in our professional opinion, the passage of the ACA has diminished the need for this pool of money.
<b>ITS Access Fee</b>	Interplan Teleprocessing System (ITS) Access Fee: This is one of two fee components associated with the BlueCross BlueShield Blue Card national network program. The fee is calculated as a percent of negotiated network savings with a per claim fee paid as part of Claims Expense. The dollars collected go to the host plan (i.e., the plan hosting the out-of-area network used by the member). According to Excellus BCBS this fee is currently 5% of negotiated savings not to exceed \$2,000 per claim.
<b>AEA Fees</b>	Administrative Expense Allowance (AEA) Fee: This is the second of the two fee components associated with the BlueCross BlueShield Blue Card national network program. The fee is paid to the host plan and is paid by the employer as part of claims expense. According to Excellus BCBS, this fee is a flat charge on a per claim basis, currently set at \$4.00 for provider claims and \$9.75 for institutional claims.
<b>ITS Surcharge</b>	Interplan Teleprocessing System (ITS) Surcharge: These are State mandated surcharges paid by the host plan to the State applying the surcharge. For example: Massachusetts is remitted a 1.87 % surcharge for acute hospital services accessed at Massachusetts acute care hospitals.
<b>Group Billed Amount</b>	This particular column includes the sum of the Claims Paid Amount, HCRA Surcharge, ITS Access Fee, AEA Fee, and ITS Surcharge. This is the actual amount billed as the "paid claims expense" to the Consortium.
<b>Member Paid Amount</b>	The value in this column is the sum of all the cost sharing elements paid by the covered member which includes the Member Copayment, Member Deductible, and Member Coinsurance amounts.

**Greater Tompkins County Municipal Hlth Insurance Consortium**  
**Check Detail**  
**May 2021**

<u>Type</u>	<u>Num</u>	<u>Date</u>	<u>Name</u>	<u>Original Amount</u>
Bill Pmt -Check	A1055167	05/06/2021	PROACT, INC.	\$ (651,314.99)
Bill Pmt -Check	A1059604	05/10/2021	EXCELLUS HEALTH PLAN - CLAIMS	\$ (580,343.35)
Bill Pmt -Check	A1075425	05/14/2021	EXCELLUS HEALTH PLAN - CLAIMS	\$ (740,766.46)
Bill Pmt -Check	5012	05/18/2021	CanRx GROUP INC	\$ (4,603.80)
Bill Pmt -Check	5013	05/18/2021	CHASE	\$ (544.40)
Bill Pmt -Check	5014	05/18/2021	DON BARBER	\$ (800.00)
Bill Pmt -Check	5015	05/18/2021	EXCELLUS HEALTH PLAN-GROUP	\$ (139,651.96)
Bill Pmt -Check	5016	05/18/2021	INSERO & CO.	\$ (4,000.00)
Bill Pmt -Check	5017	05/18/2021	LOCEY & CAHILL, LLC	\$ (7,415.00)
Bill Pmt -Check	5018	05/18/2021	RICOH USA, INC.	\$ (41.00)
Bill Pmt -Check	5019	05/18/2021	TOMPKINS COUNTY BOARD OF REPRESENTA1	\$ (8.07)
Bill Pmt -Check	5020	05/18/2021	TOMPKINS COUNTY DEPT OF FINANCE	\$ (5,887.01)
Bill Pmt -Check	5021	05/18/2021	TOWN OF ITHACA NY	\$ (32,124.84)
Bill Pmt -Check	5022	05/18/2021	WILMINGTON TRUST	\$ (2,802.06)
Bill Pmt -Check	A1089127	05/20/2021	PROACT, INC.	\$ (703,201.29)
Bill Pmt -Check	A1092757	05/21/2021	EXCELLUS HEALTH PLAN - CLAIMS	\$ (28,948.16)
Bill Pmt -Check	A1092757	05/21/2021	EXCELLUS HEALTH PLAN - CLAIMS	\$ (852,396.19)
Bill Pmt -Check	A1110015	05/28/2021	EXCELLUS HEALTH PLAN - CLAIMS	\$ (808,851.03)
<b>Total</b>				<b>\$ (4,563,699.61)</b>