GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
Municipalities building a stable insurance future.

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MINUTES
Greater Tompkins County Municipal Health Insurance Consortium
Joint Committee on Plan Structure and Design
June 7, 2012 – Noon
Old Jail Conference Room

Approved 11/7/2013

Present:
Municipal Representatives: 10 members
Schelley Michell Nunn, City of Ithaca; Mary Mills, Village of Cayuga Heights; Herb Masser, Town of Enfield; Don Barber, Town of Caroline and Chair, Board of Directors; Jennifer Case, Town of Dryden; Judy Drake, Town of Ithaca; Brooke Jobin, Tompkins County; Betty Conger, Village of Groton; Glen Morey, Town of Groton; Laura Shawley, Town of Danby

Union Representatives: 6 unit members
Chantalise DeMarco, County White Collar-CSEA; George Apgar, President; Ithaca Professional Fire Fighters Assoc. and Ithaca Area Fire Fighters #73; Bradley Berggren, Town of Danby Highway CSEA; Michael Thomas, City of Ithaca Admin Unit – CSEA 1000; Patricia Vandebogart, TC3 CSEA Staff Unit

Union Representative via Proxy: 2 member
John Licitra, Town of Ithaca DPW Teamsters (Proxy – Judy Drake) Jim Bower, Bolton Point (Proxy – Chantalise DeMarco)

Others in attendance:
Steve Locey, Locey & Cahill; Sharon Dovi, TC3; Beth Miller, Jennifer Stuckert, Interactive Health Solutions Excellus; Travis Turner, Cayuga Area Physicians Alliance; Joe Mareane, County Administrator

Call to Order

Ms. DeMarco called the meeting to order at 12:01 p.m.

Update on CanaRx

Mr. Locey reported they have still been unable to get an opinion from the State on the Consortium offering the CanaRx program. Currently there are two employers within the Consortium that are offering CanaRx and are doing so outside of the Consortium. At this time all of the drug expenses for CanaRx for the County and TC3 are being paid by the County outside of the Consortium; if a decision was made to offer CanaRx through the Consortium that expense would then comes to the Consortium. Mr. Locey said that would need to be figured out because the Consortium is currently collecting no premium to offer the program, and theoretically the cost for CanaRx that would come into the Consortium should be offset by the use of the program.

Mr. Locey said if the Consortium were to bring the expense of CanaRx in without adjusting rates, the Consortium's Fund Balance could not fall below the required level. A decision would also need to be made on how to show the expense. Mr. Locey distributed information the County's utilization of the CanaRx program and a list of the top 25 medications. Mr. Locey said it is still unknown whether if a contract is signed with CanaRx and billings were coming in how the State would react as this would be disclosed through an

audit. He said no other Consortium that he is aware of is using the CanaRx program so this would be "new ground" for the State Department of Financial Services.

Mr. Mareane asked if the Consortium's attorney reviewed this and provided an opinion. Mr. Locey said there has been no request to date for a formal legal opinion. Mr. Mareane said there is a concern that when a person gets involved with CanaRx that they may use the more expensive name-brand drug instead of receiving the generic drug that is available through the prescription program. Mr. Locey said this is possible because there are a lot of similar medications that have generic equivalents available but it would be very difficult to substantiate or quantify whether that is happening.

Mr. Locey said this will be taken to the Consortium's Board of Directors for discussion and direction. He asked all municipal representatives in attendance to discuss this internally with their labor relations people and counsel to see if this is something they would like to move forward with.

Patient Home Centered Medical Practice

Mr. Barber said at the last meeting Jed Constantz and Dr. Jamie Loehr were in attendance to talk about Patient Home Centered Medical Practice. He said from discussions he has had with Mr. Locey, he learned this is something the Consortium could include as a benefit by providing a new code for physicians. Mr. Barber said he would prefer this Committee give consideration to this and discuss with members of bargaining unit membership to get input before presenting it to the Board of Directors.

Ms. Drake asked if there is any idea of how much the increased CPT codes would be. Ms. DeMarco said only certain physicians who are certified to provide this service are able to bill for these codes; *Mr. Locey said he would obtain the cost information and potential impact from Excellus.*

Mr. Turner said there are 15 primary care practices within CAP and of 12 are accredited and all but one are level three which is the highest. Mr. Turner agreed to provide additional information.

Update on Request for Proposals

Flex Spending Account

Mr. Locey reported responses were received and a preliminary meeting was held; a second information request went out recently to clarify some information relating to expenses and responses to that request are due back tomorrow.

Employee Assistance Program

Mr. Locey said four responses were received and are beginning to be reviewed.

Prescription Drug Benefit Manager

Mr. Locey reported the Review Committee continues to meet to evaluate proposal responses. He provided an update on items under consideration and said he hopes the Committee will be prepared to present a recommendation to the Board of Directors this month.

Presentation on blue4U Program

Ms. Miller said Excellus implemented the blue4u program with its employees and has found it to be very positive. They are currently is the second year of the program which is not mandatory and has an 80% participation rate. She also said an incentive tied to the program is

a reduced premium cost. At this time she introduced Jennifer Stuckert of Interactive Health Solutions who provided an overview of the HIS and the blue4you program.

Ms. Stuckert said she has many years of experience working with municipalities. Interactive Health Solutions has been in this business for 20 years and their main office is in Chicago. She distributed information about the program and provided an overview of the program, stating the primary goal of the program is engage people in their health and create a culture of health. They bring health assessments to the workplace so people can find out what risks they have.

Ms. Stuckert said they have found that with the right incentives they can get about 80% of the group engaged and hitting their clinical health goals from year to year. She referred to a retroactive claims study and said they looked at people who utilized their program versus groups and individuals that didn't and found over a two and one-half year period those individuals who participated in the program overall had a 54 to 65% reduced claims trend, depending or not on whether they had disease management in conjunction with the program.

The program starts with on-site health assessments and has a lot of educational tools and resources people can utilize so that they can understand what their health risks are. It then sets individual health goals for everyone.

She said it is well-known that a small percentage of people are the who drive most of the claims costs; however, almost 60% of people in that bucket from year to year are new to that bucket. Typically when they begin working with a group they find a large number of people are on a path moving to that bucket. She said by identifying problems, such as high cholesterol, high blood pressure, diabetes, depression, and metabolic syndrome, there are significant savings to the group and better health outcomes for the individual. Ms. Stuckert said the idea behind the program is to not only let them they have a risk factor for a condition but to educate them to get their situation under control and to set goals that they can work towards.

Ms. DeMarco asked how risks are identified if they are not measurable by a blood test. Ms. Stuckert said part of the risk assessment includes asking questions and obtaining medical history information. Following a risk assessment an individual will receive a report in the mail that identifies risks they might have and information to get in contact with their physician; they are also able to access the information online. If the individual provides the physician's name the information is sent to the physician, making them a part of the process. She noted they use a blood draw instead of a finger stick to get a more accurate result. Each individual that goes through the program receives a health goal which is based on conditions that can be controlled: blood pressure, LDL cholesterol, glucose, triglycerides, and smoking. There is a website that contains many tools and resources that are available through the program in addition to a monthly newsletter and webinars. In cases where a blood draw identifies someone who is at a high risk, extra efforts are made to reach out to those people to encourage them to connect with their health care provider immediately.

Ms. Stuckert noted the following points: people do not tend to engage unless there is an incentive, most groups start with a voluntary program and in subsequent years tie it to a health goal, results are confidential, health assessments are conducted at work sites, the program is HIPPA compliant, and IHS is NCQA certified and has a 97% retention rate.

Mr. Locey asked for information relative to cost of the program. Ms. Stuckert said the program costs $150 per participant per year. At 35% participation the cost would be $126,000; she noted the Consortium had $2.5 million in claims that were avoidable.

She stressed this is a great opportunity for the Consortium to save money and to get people to become engaged in their health. Mr. Locey asked if community rated groups can offer a financial incentive such as a different rate for using or not using wellness. Ms. Miller did not know but would look into this. Mr. Locey will check with the Department of Financial Services.

New Business

There was no new business.

Approval of Minutes

It was MOVED by Ms. DeMarco, seconded by Ms. Mills, and unanimously adopted by voice vote by members present, to approve the minutes of April 5 and May 3, 2012. MINUTES APPROVED.

Adjournment

The meeting adjourned at 1:21 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk