



Greater Tompkins County Municipal Health Insurance Consortium

125 East Court Street • Ithaca, New York 14850 • (607)274-5590

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

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

AGENDA Joint Committee on Plan Structure and Design May 2, 2019 - 1:30 P.M.

Rice Conference Room, Tompkins County Health Department

Join by Phone: +1 607 378-3962 Conference ID: 39235139 (PIN #70189)

1. Welcome (Present and Remote) (1:30)
2. Changes to the Agenda (1:32)
3. Approval of April 4, 2019 Minutes (1:35)
4. Chair's Report (1:37) O. Hersey
5. Board Chair's Report (1:40) J. Drake
6. Executive Directors Report (1:45) E. Dowd
7. Financial Update (1:55) S. Locey
8. Excellus Utilization Reports (2:00) B. Miller
9. Resolution to Adopt Policy on Rounding of Actuarial Value Calculation (2:30) E. Dowd
10. Continued Discussion of Metal Plans Actuarial Value (2:40) S. Locey
11. Next Meeting Agenda Topics (2:55)
12. Adjournment (3:00)

Next Meeting: June 6, 2019



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MINUTES – DRAFT

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design April 4, 2019 – 1:30 p.m. Rice Conference Room, Health Department

Present:

Municipal Representatives: 12 members

Betty Conger, Village of Groton; Judy Drake, Town of Ithaca and Board of Directors Chair; Schelley Michell Nunn, City of Ithaca; Carissa Parlato, Town of Ulysses; Laura Shawley, Town of Danby; Eric Snow, Town of Virgil; Jeff Walker, Village of Cayuga Heights; Sharon Bowman, Tompkins County; Mack Cook, City of Cortland; Bud Shattuck, Village of Union Springs; Ann Rider, Town of Enfield; Mark Emerson, Town of Mentz

Municipal Representative via Proxy: 7 members

Tom Brown, Town of Truxton (Proxy – Eric Snow); Sandy Doty, Town of Willet (Proxy – Judy Drake); Mark Witmer, Town of Caroline (Proxy – Judy Drake); Ed Wagner, Town of Owasco (Proxy – Judy Drake); Ed Fairbrother, Town of Big Flats (Proxy – Judy Drake); Ronny Hardaway, Village of Lansing (Proxy – Judy Drake); Charmagne Rungay, Town of Lansing; (Proxy – Betty Conger)

Union Representatives: 7 members

Tim Arnold, Town of Dryden DPW Teamsters; Tim Farrell, City of Ithaca DPW Unit; Jeanne Grace, City of Ithaca Executive Unit (arrived at 1:41 p.m.); Doug Perine, Tompkins County CSEA White Collar; Olivia Hersey, TC3 Prof. Admin. Assoc. Unit; Nancy Webster, Tompkins County Blue Collar; Jon Munson, Town of Ithaca Teamsters

Union Representatives via Proxy: 2

Theresa Viza, Tompkins County Library Staff Unit (Proxy – Olivia Hersey); Jim Bower, Bolton Point Water (Proxy – Olivia Hersey)

Others in attendance:

Don Barber, Executive Director; Steve Locey, Robert Spenard, Locey and Cahill; Beth Miller, Excellus; Chuck Guild, CSEA

Call to Order

Ms. Hersey, Chair, called the meeting to order at 1:37 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of March 7, 2019

It was MOVED by Ms. Conger, seconded by Mrs. Shawley, and unanimously adopted by voice vote by members present. MINUTES APPROVED.

Char's Report

Ms. Hersey said this will be the last meeting at which Don Barber will be in the role of Executive Director. The Committee joined Ms. Hersey in thanking him for his many years of leadership, dedication, and care for the Consortium. Mr. Barber thanked everyone and said the Consortium is about all of the municipalities coming together and doing everything that has been done and will continue to be done to keep it vibrant as it grows.

Board Chair's Report

Ms. Drake said at last week's Board meeting the Board adopted a resolution expressing its appreciation to Mr. Barber and also appointed Elin Dowd to the position of Executive Director. She has a lot of experience not only in Human Resources, but in running profit, non-profit, and the public sector, and will be a great addition to the Consortium. The Board also passed a resolution approving a lease agreement with the Town of Ithaca where Consortium offices will be housed; the Executive Committee will be discussing future staffing for the Consortium at its next meeting.

Ms. Drake reported Executive Committee received an Operations Audit report from the Segal Group on how the Consortium works with its third-party administrators and will be spending time discussing the results of that audit. The Governance Structure Committee has also been meeting to discuss the future governance of the Consortium as it grows. She said Mr. Snyder, reported on the Consortium's investment returns and said the Consortium is expecting to see almost \$100,000 in interest in 2019 compared to last year's interest results of less than 20,000.

Ms. Grace arrived at this time.

Executive Director's Report

Mr. Barber reported the Owing Your Own Health Committee has been supporting the rollout of the Blue4U Program that will continue through the middle of this month. A top priority of the Committee is to support municipalities in learning about and developing wellness teams. The Audit and Finance Committee has been reviewing the policy and practice for new members joining and is preparing to file the Consortium's annual 2018 financial filing with the Department of Financial Services. The Governance Structure Committee has been meeting since the beginning of the year and has made good progress in developing an alternate governance model and is currently focusing on the SWSCHPS model that includes an Executive Committee that is appointed by the Board of Directors and has the responsibility of operations throughout the year. Mr. Barber said the Municipal Cooperative Agreement will need to be reviewed in one year and the discussions will include the subject of labor's role and being a member of an Executive Committee.

Mr. Barber reminded members on May 30th the Consortium will hold its annual educational retreat at TC3 and encouraged all members to attend.

Blue4U and Telemedicine Rollout Update

Ms. Miller reported Seneca County has taken the lead in registrations for the Blue4U Program with a total of 52 members enrolled; Tompkins County had 37 members register during the on-site visits. Registration is open through April 15th. She said this year the new vendor was able to do more on-site visits. The program has begun to build momentum which she expects will continue from year-to-year. This will be a big topic at Owning Your Own Health Committee meetings. She said webinars are being held for members on the Telemedicine program; at this time approximately 60 members have registered in the program. A thorough reporting on the program will be included in the utilization report that will be presented to the Committee. That report will include information such as how many prescriptions were written. In response to Ms. Hersey Ms. Miller will look into whether the report will show if a member ended up visiting their primary care provider or another provider after the Telemedicine visit. Ms. Miller said after the Telemedicine visit members will be asked if they didn't have the service where they would have gone.

Metal Plan Adjustments and Options

Mr. Locey said at the last meeting when the Committee discussed actuarial values for the Metal Level Plans the final calculator had not been issued by the Centers for Medicare and Medicaid Services. At this time it still has not been issued; however, he presented the draft calculator on a projection screen to demonstrate how benefit changes impact the actuarial value. He reviewed the actuarial values for each of the plans and explained each has a standard deviation of plus or minus two percent. When those parameters were established there was not consideration given to what to do if the value went slightly over the threshold and whether it would be rounded to the closest whole percentage point. He said the Committee needs to discuss and make a determination on the interpretation of what the definition means be going forward because this may impact the number of plans that need to be changed for 2020.

In response to Mr. Shattuck, Mr. Locey said other consortiums he works with have not gotten to this point. The carriers in the small market change the benefits of a plan once the value goes beyond the actuarial value. Mr. Cook suggested adopting a standard rounding practice. Ms. Hersey agreed and thinks it would be reasonable to use a standard rounding back to a whole number.

Mr. Locey provided an overview of the history of changes that have been made to plans since 2016 and said since that time the Gold Plan was changed in order to continue to qualify as a high deductible plan and the Silver Plan was adjusted for 2018. The Bronze Plan has never been changed. If the Committee were to go forward following Mr. Cook's suggestion the only plan that would need to be changed in 2020 would be the Bronze Plan as it came in at 62.99% based on the draft calculator. Going forward he said he would expect the Bronze and Gold Plans to change more frequently than the Silver or Platinum Plans because the higher the percentage of plan payment the slower the rate of change is on the member-share to stay within the actuarial value.

Mr. Cook said he would like to minimize the frequency of changes made to plans. During discussion of the frequency of plan changes Ms. Miller said with the Metal Level Plans it is important to communicate to members, particularly during negotiations, that the plans can and will change year-to-year based on the actuarial value. There should also be discussion of whether members have health savings accounts to put some of the savings from moving over to the Platinum Plan from a plan such as an indemnity plan because there will be more out-of-pocket costs.

Mr. Locey recommended that once a decision is made on a definition to not deter from it and when talking to people about it to focus on speaking about the overall plan, its actuarial value, what that means, and how it will change. He extended an offer to speak with groups if it would be helpful. He said other groups Locey and Cahill works with are starting to appreciate the fact that health insurance is an evolving benefit. Mr. Locey presented an actuarial value calculator and demonstrated how the weights of various areas in a metal plan changes impact a plan's actuarial value. He said the changes that have the greatest impacts are (in order of impact) the upfront deductible, generic drug copays, office visits, labs, and specialty copays, and inpatient hospital stays have the greatest impact.

Mr. Locey recommended making small incremental changes based on the structure that exists as this will put the Consortium in a better place in the long run. He said the timing will never be great for everyone; noting at this time there are 39 entities that are involved. He said if there is agreement to proceed using the standard method of rounding to the nearest whole percentage the only plan that will likely need to be changed for 2020 is the Bronze Plan.

Ms. Hersey suggested there should be further discussion of whether it makes more sense to make changes where there can be an impact and suggested looking to the deductible for the Bronze and Silver Plans and in the area of office visits or generic prescription costs for the Gold or Platinum Plans. Mr. Shattuck suggested the representatives of any municipality that will be facing a plan changes be invited to participate in discussions prior to changes being made. Mr. Barber said he did this during discussion of the changes to the Silver Plan and would be recommending Ms. Dowd continue that practice.

Ms. Hersey said from a strategy perspective it might be helpful to describe that it is likely the frequency in plan changes for the Silver and Bronze Plans would be every two years and the Gold and Platinum Plans would likely change every three to four years on average.

Mr. Locey said what has happened over the last thirty years with health insurance plans have not been very efficient and they worked well, particularly for collective bargaining. If everyone could get to a point where they are happy with this model and the level of the plan with small dollar changes then collective bargaining can move to discussing things like wages instead of having so much of a focus on health insurance.

There was discussion of what plan changes would be more concerning to members than others and it was stated that everyone is different and the impacts would depend on one's individual health circumstances. Mr. Cook asked if there would be a way to put a change into a value package. Mr. Barber said this was discussed at a previous meeting and after a long discussion there was consensus that the group wanted to protect the subscriber from having huge out-of-pocket maximums and deductibles. He said he and Mr. Locey have done comparisons of other Excellus plans and they have just the opposite; they have huge out-of-pocket maximums and low copays and when an analysis was done it showed those employees are put at a huge risk.

After a lengthy discussion there was agreement by members present to proceed using standard rounding to a whole number. Mr. Barber will prepare a resolution for consideration by the Committee. Mr. Locey stressed that any collective bargaining unit that isn't represented should be attending these meetings to learn and participate in these discussions and recommendations. Mr. Locey said once the actuarial value calculator is finalized, he will rerun the calculations and provide the Committee with the information prior to the May meeting to allow for discussion. If that is not possible, the Committee will meet again in June prior to the Board meeting.

Joint Committee on Plan Structure and Design
April 4, 2019

Next Agenda

The following items will be included in the next meeting agenda:

ProAct and Excellus Utilization Reports for 2018;
Resolution adopting a policy relating to using a standard rounding to the whole number;
Blue4U Program and Telemedicine updates; and
Continued discussion of Metal Level Plans

Future agenda item:

How to reach out and get other unions involved and participating;

Adjournment

The meeting adjourned at 3:00 p.m.

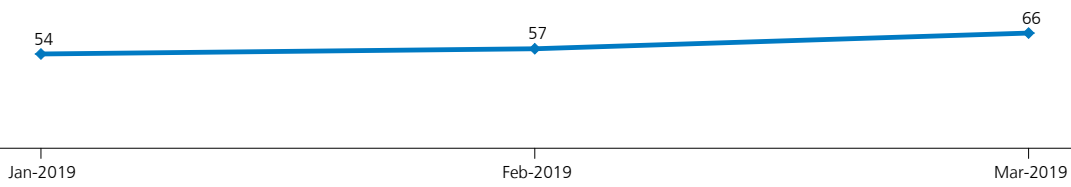
Respectfully submitted by Michelle Pottorff, Administrative Clerk

Telemedicine Activity Report

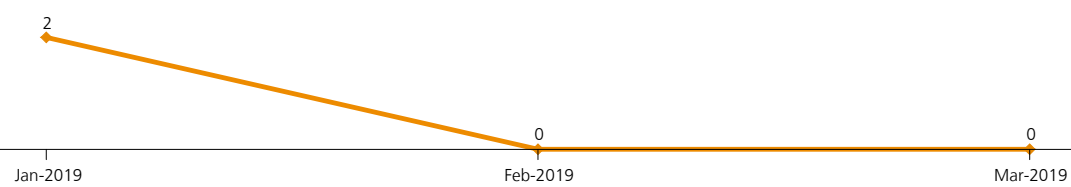
Greater Tompkins Consortium

Incurred anytime, paid between January 1, 2019 and March 31, 2019

Total Registered Members per Month



Visits per Month



Telemedicine Demographics



Total Registered Members

41%

59%

0-19

8%

11%

19+

33%

48%

Total Visits

0%

100%

0-19

0%

0%

19+

0%

100%

Male

Female

	Subscriber	Dependent	Total	Percent of Eligible
Registered Members*	37	29	66	1.1%
Visits	2	0	2	3.0%

*Optimal savings occur with 20% or greater registered members

Medium of Telemedicine Visits



100%

by telephone

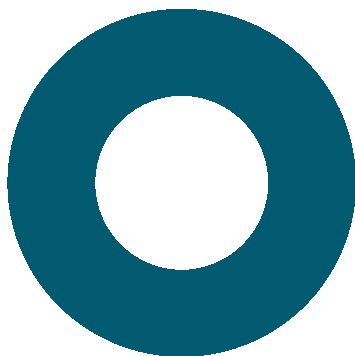


0%

by video

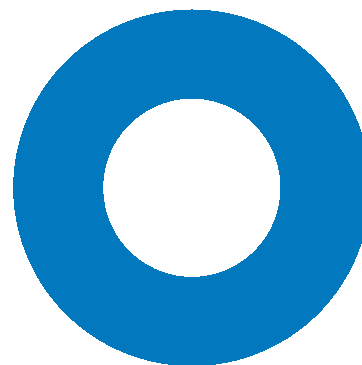
When are Telemedicine Visits taking place?

Visit Time
■ 8AM-4PM



100%

Visit Day
■ Weekday



100%

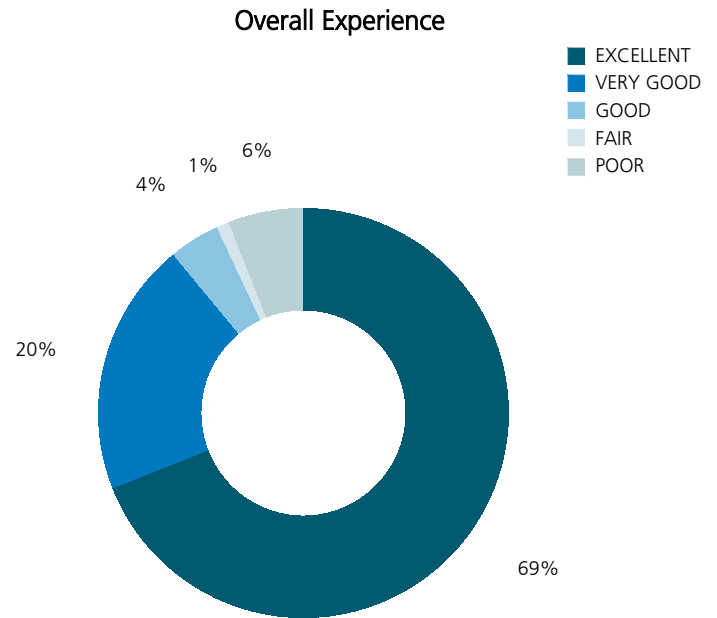
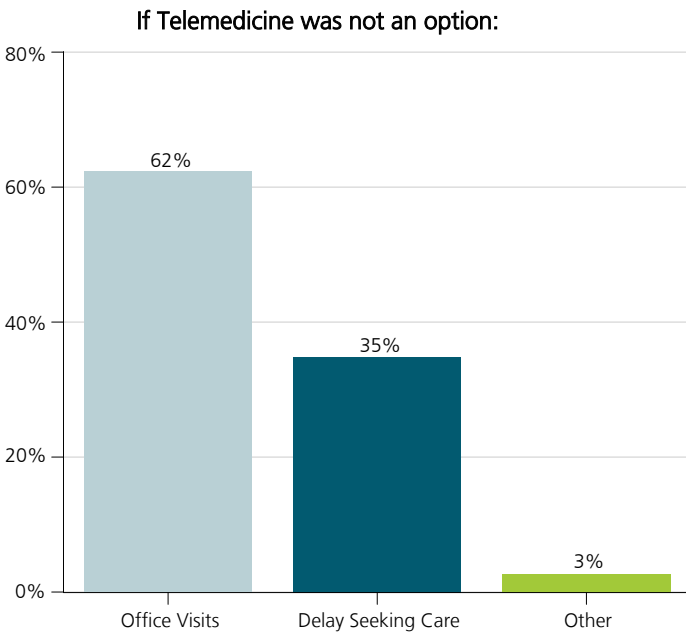
Visit Detail

Top 5 Diagnoses	
1	Candidiasis
2	Acute sinusitis

No Prescription Info Available



Survey Results*



Telemedicine Cost = \$40	Survey Estimate of Visits and Savings			
	Urgent Care	Office Visits	Emergency Room	Other
Visits	0	1	0	0
Percent of Total	0%	62%	0%	3%
Average Total Cost/ Visit	\$0	\$126	\$0	\$123
Estimated Savings	\$0	\$86	\$0	\$0
Total Estimated Savings:				

*Survey Results are based on the complete health plan book of business

- REPORT PARAMETERS -

Group Population

Selected Group(s)	Greater Tompkins Consortium
Filter Type	Full Group
Group Cat 1	All
Group Cat 2	All
Group Cat 3	All
Line of Business	All
Product	All

Group Attributes

Plan Name	Excellus BlueCross BlueShield
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Dates

Date Type	Paid [YTD]
YTD Start Month	January
Incurred Dates	Incurred anytime
Paid Dates	Paid between January 1, 2019 and March 31, 2019
Incurred Start Date	January 1, 1900

Administrative

Run Date/Time	Apr 15, 2019 11:07:53 AM
Report Version	2015.v2
Source System	EDW
Report Package	EDW EGR



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RESOLUTION NO.

**– 2019 – RECOMMEND ADJUSTMENTS TO THE STANDARD
DEVIATION OF ACTUARIAL VALUES TO STANDARD
METHOD OF ROUNDING**

WHEREAS, the term actuarial value references the share of health care expenses the plan covers for a typical or average group of enrollees within a standard deviation of + or – 2%.

WHEREAS, actuarial values can change at a percentage rate greater or less than whole numbers.

RESOLVED, That the Joint Committee on Plan Structure and Design recommends That the Board of Directors approves an adjustment to the actuarial value utilizing the standard method of rounding to the nearest whole percentage effective July 1, 2019.
