



Greater Tompkins County Municipal Health Insurance Consortium

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

RESOLUTION NO. 013- 2017 - MEDICAL CLAIMS AUDIT ACTION ITEMS FOR EXCELLUS BLUECROSS BLUESHIELD

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

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

WHEREAS the GTCMHIC is operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

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

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

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

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

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

1. Dental Services

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

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

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2. Foot Care

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

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

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

3. Orthopedic Shoes

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

4. Hearing Evaluation and Hearing Aids

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

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

5. Diagnostic Laboratory Panels

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

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

6. Eye Refractive Exams and Vision Care

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

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7. Chiropractic Care

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

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

* * * * *

STATE OF NEW YORK)
) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium on July 27, 2017.



Michelle Pottorff, Administrative Clerk